

EXHIBIT R

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF QUEENS

-----X
SHIRLEY BROWN,

Plaintiff,

Index No.: 706805/2019

-against-

**PLAINTIFF'S RESPONSE
TO COMBINED
DEMANDS**

AMERICAN AIRLINES GROUP, INC., JANE DOE and
AMERICAN AIRLINES, INC.

Defendants.
-----X

Plaintiff **SHIRLEY BROWN**, by and through her attorneys **LERNER, ARNOLD & WINSTON, LLP**, as and for her response to the Combined Demands made by the Defendants, **AMERICAN AIRLINES GROUP, INC. and AMERICAN AIRLINES, INC.**, herein alleges upon information and belief the follows:

AS TO DEMAND FOR DISCOVERY AND INSPECTION

Plaintiff is not in possession of any documents response to this demand. Any documents responsive to this demand are in Defendants' possession and has not be provided in discovery.

AS TO THE NOTICE TO PRODUCE

Annexed hereto are duly executed HIPAA Authorizations and medical records for all medical providers plaintiff has treated with:

**UCSan Diego Health
200 W. Harbor Drive
San Diego, CA 92103**

**Dr. Cinthi Pillai
NYU Langone Health- Neurology
240 E. 38th Street, 15th Floor
New York, NY 10016**

**Dr. Kenneth R. Barasch
755 Park Avenue
New York, NY 10021**

Dr. John Delfino
NYU Health System
240 East 38th Street, 20th Fl.
New York, NY 10016

AS TO DEMAND PURSUANT TO CPLR 4545(a)

Plaintiff is a Medicare recipient
See authorization attached.

AS TO DEMAND FOR EXPERT WITNESS DISCLOSURE

Plaintiff has yet to retain any expert witness. If an expert is retained to testify at trial, this response will be supplemented pursuant to CPLR§3101(d).

RESPONSE TO NOTICE TO PRODUCE MEDICARE LIEN

See attached.

AS TO DEMAND FOR INSURANCE INFORMATION

Not applicable.

AS TO DEMAND FOR EMPLOYMENT RECORDS

Not applicable. Plaintiff is retired.

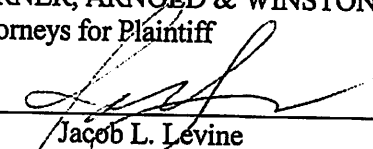
PLEASE TAKE NOTICE, Plaintiff reserves the right to supplement this response up to and including the time of trial.

Dated: New York, New York
January 24, 2020

Yours, etc.

LERNER, ARNOLD & WINSTON, LLP
Attorneys for Plaintiff

By


Jacob L. Levine
475 Park Avenue South, 28th Floor
New York, New York 10016
(212) 686-4655

TO: CHAN & GRANT, LLP
By: Alice Chan
Attorneys for Defendants
AMERICAN AIRLINES GROUP, INC. &
AMERICAN AIRLINES, INC.
61 Lexington Avenue, Suite 1G
New York, New York 10010
Tel: (646) 779-2988
Fax: (646) 779-2950

AFFIDAVIT OF SERVICE

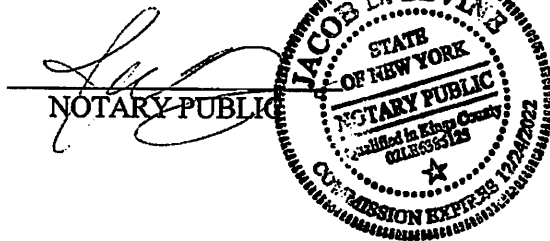
STATE OF NEW YORK)
)SS:
COUNTY OF NEW YORK)

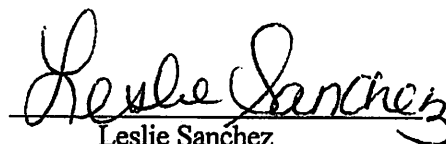
Leslie Sanchez, being duly sworn, deposes and says: deponent is not a party to this action, is over 18 years of age and resides in Fairfield County, Connecticut.

On January 24, 2020, deponent served the within **PLAINTIFF'S RESPONSE TO COMBINED DEMANDS** on the following attorneys of record in this action at the address designated by said attorneys for that purpose by depositing a true copy of same enclosed in a post-paid properly addressed wrapper in an official depository under the exclusive care and custody of the United States Postal Service within the State of New York.

To: CHAN & GRANT, LLP
 By: Alice Chan
 Attorneys for Defendants
 AMERICAN AIRLINES GROUP, INC. &
 AMERICAN AIRLINES, INC.
 61 Lexington Avenue, Suite 1G
 New York, New York 10010

Sworn to before me this
24th day of January, 2020




Leslie Sanchez
Paralegal

AFFIDAVIT OF SERVICE

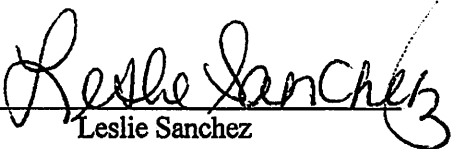
STATE OF NEW YORK)
)SS:
COUNTY OF NEW YORK)

Leslie Sanchez, being duly sworn, deposes and says: deponent is not a party to this action, is over 18 years of age and resides in Fairfield County, Connecticut.

On January 28, 2020, deponent served the within **PLAINTIFF'S RESPONSE TO COMBINED DEMANDS** on the following attorneys of record in this action at the address designated by said attorneys for that purpose by depositing a true copy of same enclosed in a post-paid properly addressed wrapper in an official depository under the exclusive care and custody of the United States Postal Service within the State of New York.

To: CHAN & GRANT, LLP
By: Alice Chan
Attorneys for Defendants
AMERICAN AIRLINES GROUP, INC. &
AMERICAN AIRLINES, INC.
61 Lexington Avenue, Suite 1G
New York, New York 10010

Sworn to before me this
28th day of January, 2020



Leslie Sanchez
Paralegal



NOTARY PUBLIC

JASMINE SANTIAGO
Notary Public, State of New York
No. 013A6370734
Qualified in New York County
Commission Expires Feb. 5, 2022

Transaction Totals by Date Report

Page 1 of 1

Report Settings	
Account:	BROWN,SHIRLEY [44000611943]
Submission Information	
User:	SANTOS, GINA[GXSG]
Time:	Thu Dec 5, 2019 1:08 PM

Transaction Information					
Charges		Service Date From	Service Date To	Total Amount	
		08/28/2017	12/05/2019	436.00	
Tx #	Procedure	Diagnoses	Service Provider	Date	Amount
1	70450-PB CT HEAD W/...	S09.90XA-Unspecified i...	Norbash, Alexander M,...	08/29/2017	436.00
		R20.0-Anesthesia of skin			
	(Match Pmt) 2	208002000-INSURANCE PAYMENT (INSURANCE)		09/28/2017	35.14
	(Match Adj) 3	208003000-CONTRACTUAL WRITE-OFF (INSURANCE)		09/28/2017	391.17
	(Match Adj) 4	208003000-CONTRACTUAL WRITE-OFF (INSURANCE)		09/28/2017	0.72
	(Match Adj) 6	208003035-PAST FOLLOW-UP DEADLINE		12/08/2018	8.97
Payments			Matched to charges		35.14
Adjustments			Matched to charges		400.86

Note: This report contains only those payments and adjustments which are matched to the charges listed in the Charges section.

UC San Diego Health200 W. Arbor Dr.
UC San Diego Health
San Diego CA 92103BROWN,SHIRLEY
MRN: 30412377
DOB: [REDACTED], Sex: F
Adm: 8/29/2017, D/C: 8/29/2017**Results**

Resulted: 08/29/17 1413, Result status: Final

CT Head W/O Contrast [153561925]

result

Ordering provider: Aminlari, Amir, MD 08/29/17 1251 Performed: 08/29/17 1253 - 08/29/17 1253
Resulting lab: RADIOLOGY

Narrative:

EXAM DESCRIPTION:CT SCAN HEAD/BRAIN(70450) Qty:1/ COMPUTER DATA ANALYSIS(99090) Qty:1:8/29/2017
1:15 pm**CLINICAL HISTORY:**

Status post head injury with slight right facial numbness.

TECHNIQUE:

A CT scan of the head was performed from the foramen magnum to the skull vertex without the use of intravenous contrast. Axial, coronal and sagittal reconstructions were provided.

Up-to-date CT equipment and radiation dose reduction techniques were employed. CTDIvol: 63.0 mGy. DLP: 1024 mGy-cm.

COMPARISON:

None available

FINDINGS:

There is no acute intracranial hemorrhage, mass effect, midline shift, or hydrocephalus. The ventricles and sulci are normal for age.

There are small bilateral chronic posterior fossa fluid collections.

There is no evidence of calvarial or skull base fracture. The temporal bones show normal aeration, and there is no definite evidence of soft tissue injury.

The visualized paranasal sinuses are clear.

IMPRESSION:

No acute intracranial hemorrhage, mass effect, midline shift, or hydrocephalus. No evidence of calvarial fracture or scalp injury.

Small bilateral chronic posterior fossa fluid collections.

CONCURRENT SUPERVISION:

I have reviewed the images and agree with the resident's interpretation.

DOSE STATEMENT:

UC San Diego Health System CT scanners employ modern techniques for CT dose reduction, including protocol review, automatic exposure control, and iterative reconstruction techniques. These features assure that radiation dose levels in CT are optimized and are consistent with state-of-the-art, low dose CT practice.

Specimen Information

Type	Source	Collected On
		08/29/17 1253

UC San Diego Health200 W. Arbor Dr.
UC San Diego Health
San Diego CA 92103

BROWN,SHIRLEY

MRN: 30412377

DOB: [REDACTED] Sex: F

Adm: 8/29/2017, D/C: 8/29/2017

Admission/Discharge Information

Admission Date	Discharge Date	Discharge Disposition
08/29/2017	08/29/2017	Home Routine

ED Provider Notes by Aminlari, Amir, MD at 08/29/17 1251

Author: Aminlari, Amir, MD

Service: (none)

Author Type: Attending Physician

Filed: 08/29/17 1257

Date of Service: 08/29/17 1251

Status: Signed

Editor: Aminlari, Amir, MD (Attending Physician)

CHIEF COMPLAINT:

HEAD INJURY

HISTORY OF PRESENT ILLNESS:

THIS IS A PLEASANT 69-YEAR-OLD FEMALE WITH NO PAST MEDICAL HISTORY THE WHO WAS ON A FLIGHT LAST NIGHT, AND HAD A PIECE OF CARIE ON LUGGAGE FALL FROM THE OVERHEAD COMPARTMENT AND STRIKE HER ON THE HEAD. SHE REPORTS NO MILD NUMBNESS TO THE RIGHT FACE. SHE DENIES LOSS OF CONSCIOUSNESS. SHE DENIES WEAKNESS. SHE DENIES VISION OR SPEECH CHANGES. HER SYMPTOMS ARE RATED AS MILD TO MODERATE WITH NO MODIFYING FACTORS.

PMH:

No past medical history on file.

PAST SURGICAL HISTORY:

No past surgical history on file.

FAMILY HISTORY:

No family history on file.

SOCIAL HISTORY:

Tobacco: Denies

Alcohol: Denies

Drugs: Denies

HOME MEDICATIONS

None

ALLERGIES:

Review of patient's allergies indicates no known allergies.

REVIEW OF SYSTEMS:

A 12 Point ROS was performed and was negative except as stated in HPI

PHYSICAL EXAM:**Vitals:**

	08/29/17 1225
BP:	135/75
Pulse:	94
Resp:	18
Temp:	99.6 °F (37.6 °C)
SpO2:	100%
Weight:	68 kg (149 lb 14.4 oz)

Printed on 1/9/2018 10:41 AM

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UC San Diego Health200 W. Arbor Dr.
UC San Diego Health
San Diego CA 92103BROWN,SHIRLEY
MRN: 30412377
DOB: [REDACTED], Sex: F
Adm: 8/29/2017, D/C: 8/29/2017**ED Provider Notes by Aminlari, Amir, MD at 08/29/17 1251 (continued)**

Constitutional: No acute distress. Alert.

Head: Mild tenderness in the posterior scalp associated with mild soft tissue swelling. No bleeding.

HEENT: PERRL, EOMI. No hyphema.

Neck: Neck supple. No cervical spine ttp

Cardiovascular: Normal rate.

Pulmonary/Chest: Effort normal and breath sounds normal. No chest tenderness to palpation.

Abdominal: s/nt/nd

Musculoskeletal: no edema or ttp

NEURO EXAM

NEURO: ALERT AND ORIENTED X 4. RIGHT FACIAL SENSATION DECREASED TO LIGHT TOUCH.

MOTOR 5/5 IN ALL 4 EXTREMITIES. SPEECH NML. FINGER TO NOSE NORMAL.

Skin: warm and dry. No active bleeding.

MEDICAL DECISION MAKING:

This is a 69-year-old female, no past medical history, was struck in the head last night by heavy luggage which fell from the overhead compartment on a flight, who presents with headache and numbness the right face. Vitals are stable. Examination reveals decreased sensation to light touch on the right face.

Plan: CT head noncontrast, reassess

Aminlari, Amir, MD
08/29/17 1257

Electronically signed by Aminlari, Amir, MD at 08/29/17 1257

Admission/Discharge Information

Admission Date	Discharge Date	Discharge Disposition
08/29/2017	08/29/2017	Home Routine

ED Notes by Pambid, Vera, RN at 08/29/17 1305

Author: Pambid, Vera, RN Service: (none) Author Type: Registered Nurse
 Filed: 08/29/17 1305 Date of Service: 08/29/17 1305 Status: Signed
 Editor: Pambid, Vera, RN (Registered Nurse)

Assisting primary RN-

Pt ambulatory to and from CT with independent, steady gait.

Pt passed swallow study.

Electronically signed by Pambid, Vera, RN at 08/29/17 1305

Admission/Discharge Information

Admission Date	Discharge Date	Discharge Disposition
08/29/2017	08/29/2017	Home Routine

ED Notes by Trujillo, Andres, RN at 08/29/17 1320

UC San Diego Health200 W. Arbor Dr.
UC San Diego Health
San Diego CA 92103BROWN,SHIRLEY
MRN: 30412377
DOB: [REDACTED] Sex: F
Adm: 8/29/2017, D/C: 8/29/2017**ED Notes by Trujillo, Andres, RN at 08/29/17 1320 (continued)**

Author: Trujillo, Andres, RN	Service: (none)	Author Type: Registered Nurse
Filed: 08/29/17 1321	Date of Service: 08/29/17 1320	Status: Signed
Editor: Trujillo, Andres, RN (Registered Nurse)		

Report obtained from vera p. Rn. Assuming care of pt at this time. Pt aox4. Pt mae x4. Pt resp even non labored. Pt appears in no distress. Registration at pt bedside at this time.

Electronically signed by Trujillo, Andres, RN at 08/29/17 1321

Admission/Discharge Information

Admission Date	Discharge Date	Discharge Disposition
08/29/2017	08/29/2017	Home Routine

ED MD Progress Note by Owen, Elizabeth A, MD at 08/29/17 1355

Author: Owen, Elizabeth A, MD	Service: (none)	Author Type: Attending Physician
Filed: 08/29/17 1355	Date of Service: 08/29/17 1355	Status: Signed
Editor: Owen, Elizabeth A, MD (Attending Physician)		

69 yo F piece of luggage landed on head, ct head. If neg dc. No thinners, no neck pain.

Electronically signed by Owen, Elizabeth A, MD at 08/29/17 1355

Admission/Discharge Information

Admission Date	Discharge Date	Discharge Disposition
08/29/2017	08/29/2017	Home Routine

ED MD Progress Note by Ence, Thomas Campion, MD at 08/29/17 1505

Author: Ence, Thomas Campion, MD	Service: ED Medicine	Author Type: Resident
Filed: 08/29/17 1505	Date of Service: 08/29/17 1505	Status: Signed
Editor: Ence, Thomas Campion, MD (Resident)		

CTH neg. D/c. Return precautions reviewed.

Electronically signed by Ence, Thomas Campion, MD at 08/29/17 1505

Admission/Discharge Information

Admission Date	Discharge Date	Discharge Disposition
08/29/2017	08/29/2017	Home Routine

ED Notes by Trujillo, Andres, RN at 08/29/17 1540

Author: Trujillo, Andres, RN	Service: (none)	Author Type: Registered Nurse
Filed: 08/29/17 1540	Date of Service: 08/29/17 1540	Status: Signed
Editor: Trujillo, Andres, RN (Registered Nurse)		

Pt aox4. Pt mae x4. Pt resp even non labored. Pt provided w/avs, f/u care and strict return to ER precautions. Pt able to verbalize understanding and agrees with plan. Pt able to verbalize understanding and agrees with plan. Pt ambulatory out of ER, steady gait. Care of pt relinquished at this time.

Electronically signed by Trujillo, Andres, RN at 08/29/17 1540

UC San Diego Health200 W. Arbor Dr.
UC San Diego Health
San Diego CA 92103BROWN,SHIRLEY
MRN: 30412377
DOB: [REDACTED] Sex: F
Adm: 8/29/2017, D/C: 8/29/2017**ED Notes by Trujillo, Andres, RN at 08/29/17 1540 (continued)****Admission/Discharge Information**

Admission Date	Discharge Date	Discharge Disposition
08/29/2017	08/29/2017	Home Routine

ED Follow-up Note by Rocha, America at 08/29/17 1541

Author: Rocha, America Service: ED Medicine Author Type: ED Tech
 Filed: 09/06/17 1220 Date of Service: 08/29/17 1541 Status: Signed
 Editor: Rocha, America (ED Tech)

Follow-up type: Callback

Routine ED Patient Call Back

Patient contacted by telephone: told patient to follow up with outpatient clinic.

Electronically signed by Rocha, America at 09/06/17 1220

Admission/Discharge Information

Admission Date	Discharge Date	Discharge Disposition
09/08/2017	09/08/2017	Home Routine

ED Provider Notes by Tolia, Vaishal Mahendra, MD at 09/08/17 1225

Author: Tolia, Vaishal Mahendra, MD Service: (none) Author Type: Attending Physician
 Filed: 09/08/17 1239 Date of Service: 09/08/17 1225 Status: Signed
 Editor: Tolia, Vaishal Mahendra, MD (Attending Physician)

EMERGENCY DEPARTMENT ATTENDING NOTE

SHIRLEY BROWN
 MRN: 30412377
 DOB: 4/23/1948
 PMD: No Pcp, Per Patient

Pt seen promptly, delayed note entry.
 The Date of Service for the Emergency Room encounter is 9/8/2017 12:02 PM

CC: Headache Re-evaluation

Chief Complaint**Patient presents with**

- Headache Re-evaluation
was seen here recently for head trauma. was told to come back for reeval. continues to have HA and facial numbness

Seen with Dr. Correia

History of Present Illness

Pt seen and examined. Pt is a 69 year old female prev healthy and presents with HA and R facial numbness

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UC San Diego Health200 W. Arbor Dr.
UC San Diego Health
San Diego CA 92103

BROWN,SHIRLEY

MRN: 30412377

DOB: [REDACTED] Sex: F

Adm: 9/8/2017, D/C: 9/8/2017

ED Provider Notes by Tolia, Vaishal Mahendra, MD at 09/08/17 1225 (continued)

after R sided head trauma last week when she was boarding a flt from NYC to SD and a heavy piece of luggage fell and hit the R side of her head no loc she takes no meds and is healthy she noted R sided HA and R facial numbness for 4 hours after the injury. She was taken to the ED here the next am with a neg CTH for acute injury and dc home. She has been taking tylenol but has some sound and light sensitivity and R sided HA intermittent throughout the day and a heaviness sensation. The numbness has resolved no paresthesias or focal weakness and overall states that it has improved since the injury. She denies blurry or double vision but doesn't feel comfortable wearing her glasses. No f/c/s, no neck pain, no n/v/d/c no other complaints she just wanted to get rechecked. She feels like the symptoms have been less frequent (HA and malaise) since the incident and she is tol po well. No problems with ambulation no neck pain no other areas of discomfort. No issues with smell or taste.

Pt denies f/c/s, n/v/d/c, cp or sob, blood in stool or dysuria, cough or hemoptysis, falls or trauma, paresthesias or weakness.

Past Medical/Surgical History

PMHx: prev healthy

PSHx: No past surgical history on file.

Outpatient Medications

None

What To Do With Your Medications**Notice**

You have not been prescribed any medications.

Allergies

Review of patient's allergies indicates no known allergies.

Social History

No t/e/d

Traveling from NYC

Family History

No cva

Review of Systems

Constitutional: Negative for fever and chills.

HENT: Negative for congestion and neck pain.

Eyes: Negative for discharge and redness.

Cardiovascular: Negative for chest pain.

Respiratory: Negative for cough and shortness of breath.

Gastrointestinal: Negative for nausea, vomiting, abdominal pain and diarrhea.

Genitourinary: Negative for dysuria, urgency and frequency.

Musculoskeletal: Negative for back pain.

Neurological: +for intermittent dizziness.

Psychiatric/Behavioral: Negative for substance abuse.

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UC San Diego Health200 W. Arbor Dr.
UC San Diego Health
San Diego CA 92103

BROWN, SHIRLEY

MRN: 30412377

Sex: F

Adm: 9/8/2017, D/C: 9/8/2017

ED Provider Notes by Tolia, Vaishal Mahendra, MD at 09/08/17 1225 (continued)

I have reviewed the patient's medical history as available in EPIC.

All other systems reviewed and negative unless otherwise noted in the HPI or above. This was done per my custom and practice for systems appropriate to the chief complaint in an emergency department setting and varies depending on the quality of history that the patient is able to provide.

Physical Exam		
ED Triage Vitals		
Enc Vitals Group		
Blood pressure (BP)	09/08/17 0923	186/88
Heart Rate	09/08/17 0923	80
Respirations	09/08/17 0923	16
Temperature	09/08/17 0923	98.3 °F (36.8 °C)
Temp src	--	
SpO2	09/08/17 0923	98 %
Weight - scale	09/08/17 0923	147 lb (66.7 kg)
Height	09/08/17 0923	5' 6" (1.676 m)
Head Cir	--	
Peak Flow	--	
Pain Score	--	
Pain Loc	--	
Pain Edu?	--	
Excl. in GC?	--	

MOST RECENT VITALS:**Vitals:**

	09/08/17 0923	09/08/17 1136
BP:	(I) 186/88	151/90
BP Patient		Sitting
Position:		
Pulse:	80	66
Resp:	16	18
Temp:	98.3 °F (36.8 °C)	97.7 °F (36.5 °C)
SpO2:	98%	99%
Weight:	66.7 kg (147 lb)	
Height:	5' 6" (1.676 m)	

GEN: nad nontoxic alert and oriented comfortable

HEAD: no e/o trauma R parietal head mild ttp no hematoma

EYES anicteric perrl eomi nl rapid visual field testing

EARS nl TM nl eac no mastoid ttp

NOSE no septal hematoma lesions or discharge

THROAT: mmm o/p clear no lesions or exudate

NECK no c-spine ttp nl rom

CV rrr s1 s2 no m

LUNGS ctaw no r/r/w

UC San Diego Health200 W. Arbor Dr.
UC San Diego Health
San Diego CA 92103BROWN,SHIRLEY
MRN: 30412377
DOB: [REDACTED], Sex: F
Adm: 9/8/2017, D/C: 9/8/2017**ED Provider Notes by Tolia, Vaishal Mahendra, MD at 09/08/17 1225 (continued)**

ABD soft ntnd nabs

BACK no cvat or midline ttp

EXT no edema, no c/c

SKIN no rash, warm and dry

NEURO nl mentation, speech, and gait. Maew. Cn iii-xii intact aside from R facial CN V some sensation difference - mild, nl gait/ftn/hts tandem gait. ? Mild bilateral lid lag but family member at bedside states she looks normal and patient states "I have small eyes, they look normal"

PSYCH nl affect and behavior

Patient Lines/Drains/Airways StatusActive PICC Line / CVC Line / PIV Line / Drain / Airway / Intraosseous Line / Epidural Line / ART Line / Line
Type / Wound
None**MDM / Impression / Plan:**

Pt is a 69 year old yo female with R sided HA after R sided head trauma on 8/29 no new trauma symptoms improving but not completely resolved

Plan:

Orders entered as per below, R sided SPG nerve block for symptom control, educated on concussion symptoms she is now 10 days out

Will be going back to NYC in 2 weeks and will f/u with pmd and I recommended she see neuro esp if symptoms persist

She does not do any high risk activities for head trauma, but regardless was educated to this

Tolia, Vaishal Mahendra, MD
09/08/17 1239

Electronically signed by Tolia, Vaishal Mahendra, MD at 09/08/17 1239

Admission/Discharge Information

Admission Date	Discharge Date	Discharge Disposition
09/08/2017	09/08/2017	Home Routine

ED Procedure Note by Tolia, Vaishal Mahendra, MD at 09/08/17 1357

Author: Tolia, Vaishal Mahendra, MD Service: (none) Author Type: Attending Physician

Filed: 09/21/17 2149

Date of Service: 09/08/17 1357

Status: Addendum

Editor: Tolia, Vaishal Mahendra, MD (Attending Physician)

Related Notes: Original Note by Tolia, Vaishal Mahendra, MD (Attending Physician) filed at 09/21/17 2149

Procedure Orders:

1. Nerve Block [153561935] ordered by Tolia, Vaishal Mahendra, MD at 09/08/17 1357

Procedure Note**Nerve Block**

UC San Diego Health200 W. Arbor Dr.
UC San Diego Health
San Diego CA 92103BROWN,SHIRLEY
MRN: 30412377
DOB: [REDACTED] Sex: F
Adm: 9/8/2017, D/C: 9/8/2017**ED Procedure Note by Tolia, Vaishal Mahendra, MD at 09/08/17 1357 (continued)**

Date/Time: 9/8/2017 1:57 PM

Performed by: TOLIA, VAISHAL MAHENDRA

Authorized by: TOLIA, VAISHAL MAHENDRA

Consent:

Consent obtained: Verbal

Consent given by: Patient

Risks discussed: Bleeding and unsuccessful block

Alternatives discussed: No treatment

Indications:

Indications: Pain relief

Location:

Body area: Head

Laterality: Right

Skin anesthesia (see MAR for exact dosages):

Skin anesthesia method: None

Procedure details (see MAR for exact dosages):

Anesthetic injected: Bupivacaine 0.5% w/o epi

Steroid injected: None

Additive injected: None

Paresthesia: None

Post-procedure details:

Dressing: None

Outcome: Pain unchanged

Patient tolerance of procedure: Tolerated well, no immediate complications

addendum:

clarify above: this was a sphenopalatine ganglion block

Indication: R sided headache (acute pain from trauma)

Electronically signed by Tolia, Vaishal Mahendra, MD at 09/21/17 2149

Admission/Discharge Information

Admission Date	Discharge Date	Discharge Disposition
09/08/2017	09/08/2017	Home Routine

ED Notes by McWay, Laure M, RN at 09/08/17 1430

Author: McWay, Laure M, RN

Service: (none)

Author Type: Registered Nurse

Filed: 09/08/17 1455

Date of Service: 09/08/17 1430

Status: Signed

Editor: McWay, Laure M, RN (Registered Nurse)

Patient provided with rx and written AVS. She verbalized understanding of all, including the importance of follow up as recommended and the conditions under which she should seek emergent re-evaluation either here

UC San Diego Health200 W. Arbor Dr.
UC San Diego Health
San Diego CA 92103BROWN,SHIRLEY
MRN: 30412377
DOB: [REDACTED] Sex: F
Adm: 9/8/2017, D/C: 9/8/2017**ED Notes by McWay, Laure M, RN at 09/08/17 1430 (continued)**

or the ED nearest her location. She left with no complaints accompanied by her female visitor with steady and upright gait.

Electronically signed by McWay, Laure M, RN at 09/08/17 1455

Admission/Discharge Information

Admission Date	Discharge Date	Discharge Disposition
09/08/2017	09/08/2017	Home Routine

ED Follow-up Note by Rocha, America at 09/08/17 1500

Author: Rocha, America	Service: ED Medicine	Author Type: ED Tech
Filed: 09/18/17 1037	Date of Service: 09/08/17 1500	Status: Signed
Editor: Rocha, America (ED Tech)		

Follow-up type: Callback

Routine ED Patient Call Back

Patient unable to be contacted, no message left

Electronically signed by Rocha, America at 09/18/17 1037

Admission/Discharge Information

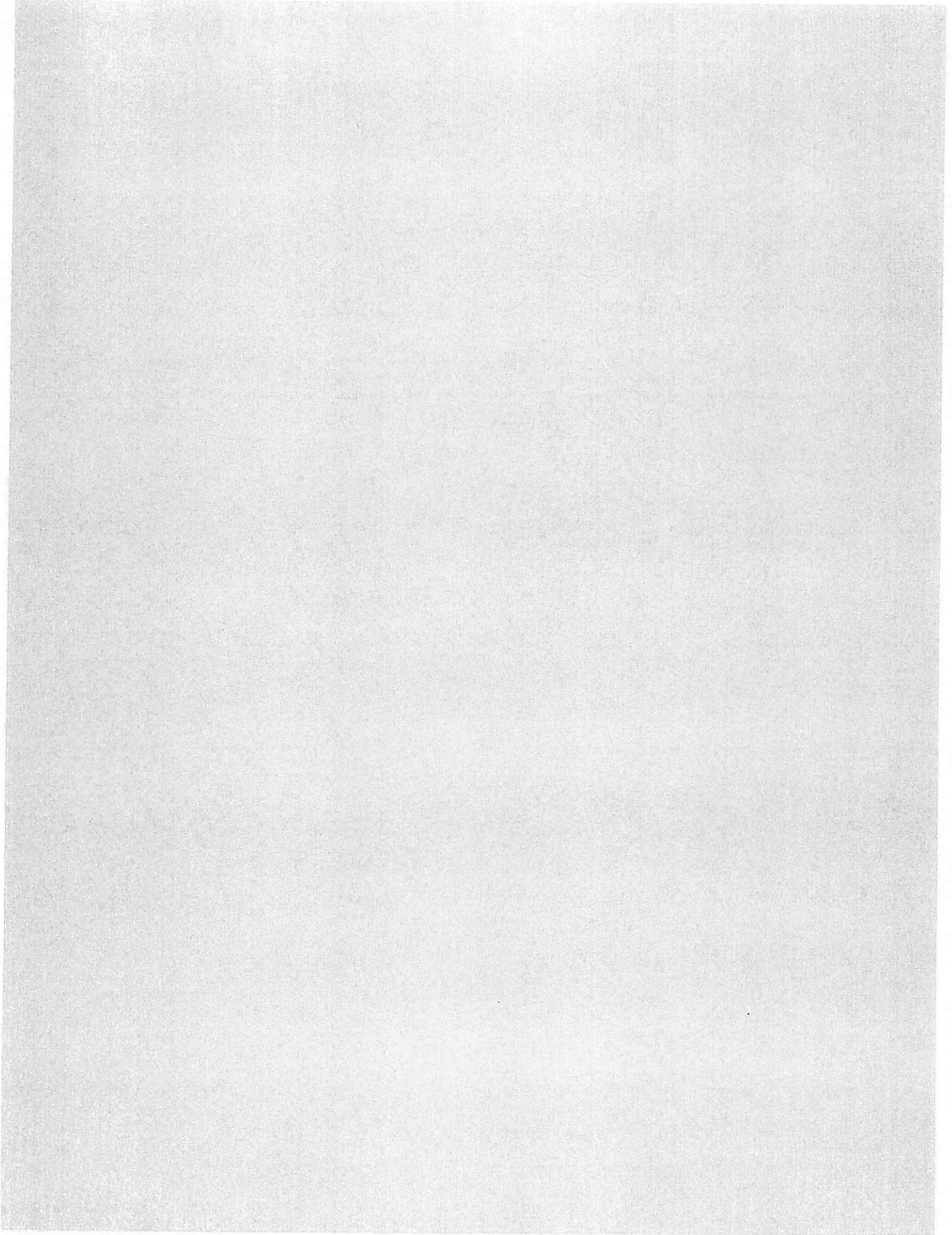
Admission Date	Discharge Date	Discharge Disposition
09/08/2017	09/08/2017	Home Routine

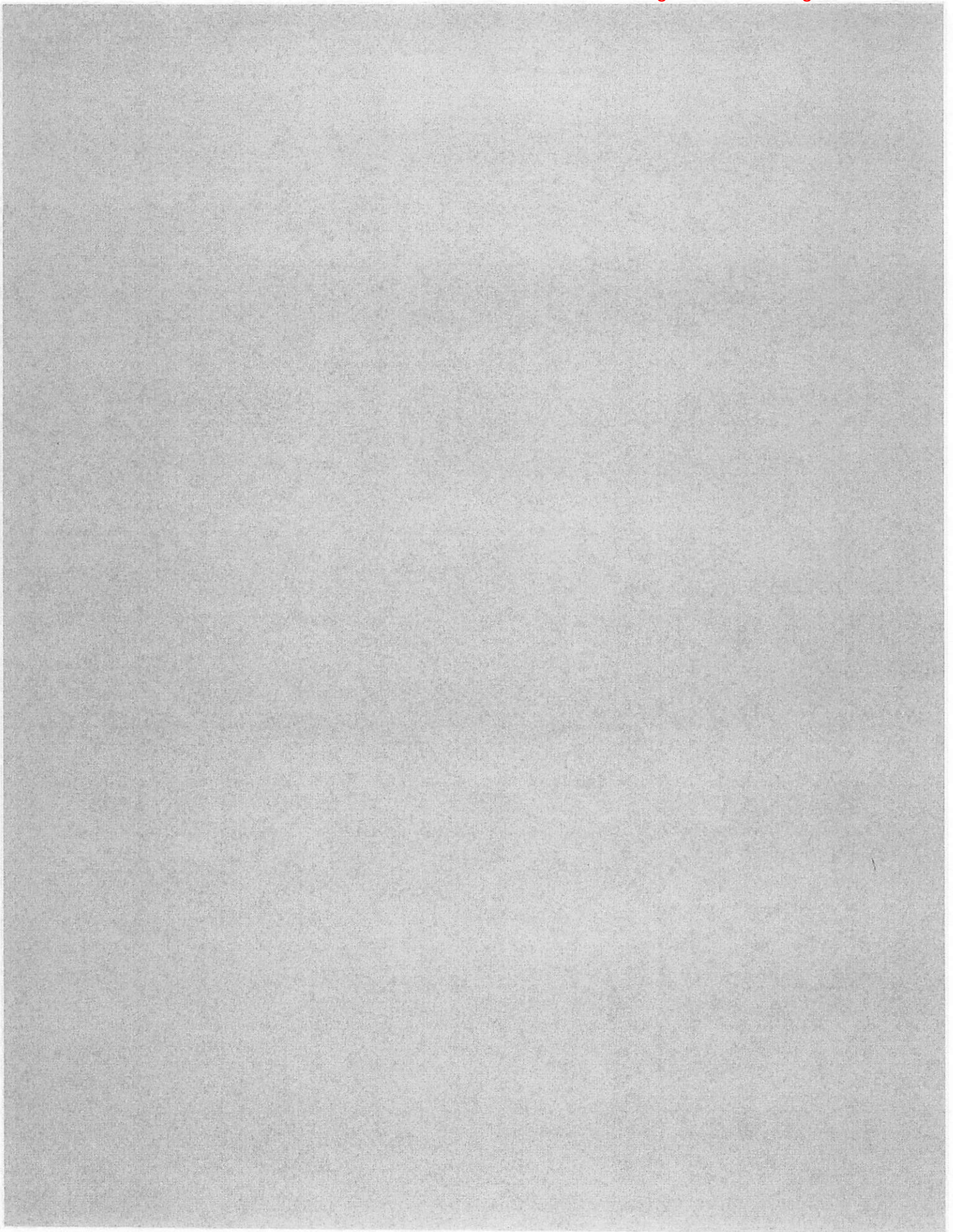
ED Notes by McWay, Laure M, RN at 09/08/17 1512

Author: McWay, Laure M, RN	Service: (none)	Author Type: Registered Nurse
Filed: 09/08/17 1515	Date of Service: 09/08/17 1512	Status: Signed
Editor: McWay, Laure M, RN (Registered Nurse)		

Pt here with c/o intermittent right side face/head aches with associated paresthesia post trauma, was recently struck by falling luggage. She denies n/v/d, dizziness, visual changes, or any other complaints. No facial asymmetry or other focal neuro deficit. Please note that this charting reflects a documentation delay only, assessment was performed within 20 minutes of patient arriving to T-10

Electronically signed by McWay, Laure M, RN at 09/08/17 1515





**NYU Langone Health
System**NR NEUROLOGY
240 E. 38th St, 15th floor
NEW YORK NY 10016-2708
Amb Encounter ReportBrown, Shirley
MRN: 13161883, DOB: [REDACTED] Sex: F
Encounter date: 10/23/2017**Progress Notes - All Notes (continued)****Progress Notes by Cinthi Pillai, MD at 10/23/2017 1:30 PM (continued)****HPI:**

This is a 69 year old right handed female who presents with a chief complaint of getting hit in the head with luggage (no loss of consciousness) on 8/28/17. She then developed a headache and right face numbness - associated with photophobia and phonophobia. She was evaluated in the ER when she arrived in San Diego and had a reportedly normal CT head on 8/29/17. About ten days later she returned to the ER due to headaches. She has headaches almost daily - mild dull ache, photophobia, phonophobia, numbness (around the mouth). She sleeps 8 hours nightly; 2 cups tea daily and daily snapple/gatorade; tylenol daily initially (not as much now). She denies nausea, dizziness, neck pain, weakness, numbness, difficulty walking.

ROS The remainder of the review of the 14 systems was negative.

Patient's medications, allergies, past medical, surgical, social and family histories were reviewed and updated as appropriate.

Vitals: 148/90

General: Well-developed, well-nourished individual of stated age in no acute distress.

HEENT: neck supple, full ROM

Cardiovascular: no carotid bruit appreciated

Mental Status: Alert and oriented to time, place and person. Recent and remote memory intact. Normal attention and concentration. Language intact - able to name, read and repeat. Follows commands and responds appropriately to questions. Normal fund of knowledge.

Cranial Nerves: II: Vasc 20/40 PH 20/20-1 OS 20/40 PH 20/20 OU (forgot new glasses), visual fields full on confrontation; disc margins sharp OU. III, IV and VI: PERRLA, EOM full, no ptosis, no nystagmus V: facial sensation is intact VII: Facial strength is intact VIII: Hearing symmetric to finger rub. IX, X: Palate elevates symmetrically. XII: Tongue strength is normal without atrophy or fasciculations.

Motor: normal tone, no atrophy/tenderness, no abnormal movements noted, strength 5/5 throughout, no pronator drift

Sensory: light touch, pin prick, proprioception, and vibration symmetric and intact

Coordination: no dysmetria on finger to nose

Reflexes: biceps 2+, brachioradialis 2+, triceps 2+, knee 2+, ankle 2+, Babinski negative bilaterally, no clonus

Gait: steady, normal based, able to tandem and walk on toes/heels, Rhomberg negative

Neuroimaging Reviewed:

-

Impression/Plan: This is a 69 year old right handed female who presents with a chief complaint of getting hit in the head with luggage (no loss of consciousness) on 8/28/17 - now with concussion symptoms as well as occasional right face numbness and twitching. Her

-Blood test

-Schedule MRI brain with and without

-Schedule EEG

**NYU Langone Health
System**NR NEUROLOGY
240 E. 38th St, 15th floor
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Amb Encounter ReportBrown, Shirley
MRN: 13161883, DOB: [REDACTED] Sex: F
Encounter date: 10/23/2017**Progress Notes - All Notes (continued)****Progress Notes by Cinthi Pillai, MD at 10/23/2017 1:30 PM (continued)**

- Headache diary; limit caffeine; limit over the counter medications
- Riboflavin and magnesium 400mg daily
- Follow up with your ophthalmologist
- Follow up with your primary care doctor
- *Patient understands she should contact my office 1-2 days after above testing.

50 minutes was spent with the patient, of which >50% was spent coordinating care and/or counseling regarding diagnosis, management, potential side effects and future expectations.

Neuropathy: Did you screen the patient for diabetes? Yes

Headache: Did you ask the patient if they take oxycodone, hydrocodone, or codeine for their headaches? Yes

Electronically signed by Cinthi Pillai, MD on 10/23/2017 2:05 PM

Patient Instructions - All Notes**Patient Instructions by Cinthi Pillai, MD at 10/23/2017 1:30 PM**

Author: Cinthi Pillai, MD
Filed: 10/23/2017 1:56 PM
Editor: Cinthi Pillai, MD (Physician)

Specialty: Neurology, General
Encounter Date: 10/23/2017 1:30 PM

Author Type: Physician
Status: Signed

- Concussion guideline reviewed
- Blood test
- Schedule MRI brain with and without
- Schedule EEG
- Headache diary; limit caffeine; limit over the counter medications
- Riboflavin and magnesium 400mg daily
- Follow up with your ophthalmologist
- Follow up with your primary care doctor

Electronically signed by Cinthi Pillai, MD on 10/23/2017 1:56 PM

Follow-up and Disposition History

10/23/2017 1403 - Cinthi Pillai, MD

Disposition: Return in about 6 weeks (around 12/4/2017).

10/23/2017 1356 - Cinthi Pillai, MD

Disposition: Return in about 3 months (around 1/23/2018).

Flowsheets (all recorded)**Encounter Vitals - Mon October 23, 2017**

Row Name 1329

Enc Vitals

Generated on 12/15/17 12:58 PM

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**NYU Langone Health
System**NR NEUROLOGY
240 E. 38th St, 15th floor
NEW YORK NY 10016-2708
Amb Encounter ReportBrown, Shirley
MRN: 13161883, DOB: [REDACTED] Sex: F
Encounter date: 10/23/2017

Flowsheets (all recorded) (continued)

Encounter Vitals - Mon October 23, 2017 (continued)

Row Name	1329
BP	148/90 -JA
Pulse	78 -JA
Weight	67.6 kg (149 lb) -JA
Height	1.676 m (5' 6") -JA

OTHER

Site	Right Arm -JA
Position	Sitting -JA

Custom Formula Data - Mon October 23, 2017

Row Name	1329
----------	------

Vitals

Pct Wt Change	0 % -JA
---------------	---------

OTHER

BMI	24.1 -JA
IBW	59.3 -JA
BMI	24.1 -JA
BSA (Calculated - sq m)	1.77 sq meters -JA
BMI (Calculated)	24.1 -JA
IBW/kg (Calculated)	63.8 kg -JA
Male	
Low Range Vt 6cc/kg	382.8 mL -JA
MALE	
Adult Moderate Range Vt 8cc/kg MA	510.4 mL -JA
Adult High Range Vt 10cc/kg MALE	638 mL -JA
IBW/kg (Calculated)	59.3 kg -JA
FEMALE	
Low Range Vt 6cc/kg	355.8 mL -JA
FEMALE	
Adult Moderate Range Vt 8cc/kg FEMALE	474.4 mL -JA
IBW/kg (Calculated)	59.3 -JA
Low Range Vt 6cc/kg	355.8 mL -JA
Adult Moderate Range Vt 8cc/kg	474.4 mL -JA
Adult High Range Vt 10cc/kg	593 mL -JA
BMI-Based Weight Status	Normal Weight (BMI 19-24.9) -JA

RETIRED - Measurements (Adult/Pediatric)

RETIRED - BMI (kg/m2)	24.1 -JA
-----------------------	----------

Protein (gm/kg)

0.6 Gm Protein (gm)	40.64 -JA
0.7 Gm Protein (gm)	47.41 -JA
0.8 Gm Protein (gm)	54.18 -JA
0.9 Gm Protein (gm)	60.95 -JA
1.0 Gm Protein (gm)	67.73 -JA
1.1 Gm Protein (gm)	74.5 -JA
1.2 Gm Protein (gm)	81.27 -JA
1.3 Gm Protein (gm)	88.05 -JA
1.4 Gm Protein (gm)	94.82 -JA
1.5 Gm Protein (gm)	101.59 -JA
1.6 Gm Protein (gm)	108.36 -JA
1.7 Gm Protein (gm)	115.14 -JA
1.8 Gm Protein (gm)	121.91 -JA
1.9 Gm Protein (gm)	128.68 -JA

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Flowsheets (all recorded) (continued)

Custom Formula Data - Mon October 23, 2017 (continued)

Row Name	1329
2.0 Gm Protein (gm)	135.45 -JA
2.1 Gm Protein (gm)	142.23 -JA
2.2 Gm Protein (gm)	149 -JA
2.3 Gm Protein (gm)	155.77 -JA
2.4 Gm Protein (gm)	162.55 -JA
2.5 Gm Protein (gm)	169.32 -JA
RETIRED Caloric Needs for Pregnancy	
24 Kcal/Kg (kcal)	1625.45 -JA
30 Kcal/Kg (kcal)	2031.82 -JA
36 Kcal/Kg (kcal)	2438.18 -JA
38 Kcal/Kg (kcal)	2573.64 -JA
40 Kcal/Kg (kcal)	2709.09 -JA
Owen Equation	
Energy Expenditure, Male	1569.82 -JA
Energy Expenditure, Female	1281.28 -JA
RETIRED Fluid Requirements	
30 mL/kg (Fluid Requirements)	2031.82 -JA
35 mL/kg (Fluid Requirements)	2370.45 -JA
40 mL/kg (Fluid Requirements)	2709.09 -JA
Harris-Benedict Equation	
BEE (Male) (kcal/d) (Harris-Benedict Equation)	1368.19 -JA
BEE (Female) (kcal/d) (Harris-Benedict Equation)	1298.14 -JA
Anthropometrics (Special Considerations)	
RETIRED Amputee Ideal Body Weight (IBW) Estimate	50.9 -JA
RETIRED Ideal Body Weight (IBW)	
RETIRED Ideal Body Weight (IBW) (kg)	50.9 -JA
RETIRED % Ideal Body Weight	112.69 -JA
IBW Adjustment, Para/Tetraplegia	
5% Adjustment, Para (IBW)	56.6 -JA
10% Adjustment, Para (IBW)	53.62 -JA
10% Adjustment, Tetra (IBW)	53.62 -JA
15% Adjustment, Tetra (IBW)	50.64 -JA
RD Method Male (Adolescent)	
RDA Male (11-14 years) (kcal)	3717.23 -JA
RDA Male (15-18 years) (kcal)	3041.37 -JA
KCAL/KG	
20 Kcal/Kg (kcal)	1351.72 -JA
25 Kcal/Kg (kcal)	1689.65 -JA
30 Kcal/Kg (kcal)	2027.58 -JA

Generated on 12/15/17 12:58 PM

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**NYU Langone Health
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NEW YORK NY 10016-2708
Amb Encounter ReportBrown, Shirley
MRN: 13161883, DOB: [REDACTED] Sex: F
Encounter date: 10/23/2017

Flowsheets (all recorded) (continued)

Custom Formula Data - Mon October 23, 2017 (continued)

Row Name	1329
35 Kcal/Kg (kcal)	2365.51 -JA
40 Kcal/Kg (kcal)	2703.44 -JA
45 Kcal/Kg (kcal)	3041.37 -JA
50 Kcal/Kg (kcal)	3379.3 -JA
KCAL/KG	
20 Kcal/Kg (kcal)	1351.72 -JA
40 Kcal/Kg (kcal)	2703.44 -JA
60 Kcal/Kg (kcal)	4055.16 -JA
80 Kcal/Kg (kcal)	5406.88 -JA
100 Kcal/Kg (kcal)	6758.6 -JA
120 Kcal/Kg (kcal)	8110.32 -JA
140 Kcal/Kg (kcal)	9462.04 -JA
160 Kcal/Kg (kcal)	10813.76 -JA
180 Kcal/Kg (kcal)	12165.48 -JA
200 Kcal/Kg (kcal)	13517.2 -JA
RDA Method	
RDA (> 1 year-3 years) (kcal)	6893.77 -JA
RDA (4-6 years) (kcal)	6082.74 -JA
RDA (7-10 years) (kcal)	4731.02 -JA
Schofield Female	
Schofield Female (0-3 years) (kcal)	2400.2 -JA
Schofield Female (4-10 years) (kcal)	1992.07 -JA
Schofield Female (11-18 years) (kcal)	1544.88 -JA
Schofield Male	
Schofield Male (0-3 years) (kcal)	1937.46 -JA
Schofield Male (4-10 years) (kcal)	1957.34 -JA
Schofield Male (11-18 years) (kcal)	812.77 -JA
WHO Equation Female	
WHO Equation Female (0-3 years) (kcal)	4071.75 -JA
WHO Equation Female (4-10 years) (kcal)	2019.69 -JA
WHO Equation Female (11-18 years) (kcal)	1570.55 -JA
Ideal Body Weight (IBW)	
Ideal Body Weight (IBW) (kg)	59.58 -JA
% Ideal Body Weight	113.45 -JA
WHO Equation Male	
WHO Equation Male (0-3 years) (kcal)	4081.99 -JA
WHO Equation Male (4-10 years) (kcal)	2029.2 -JA
WHO Equation Male (11-18 years) (kcal)	1833.76 -JA
RDA Method (Infant)	
RDA (0-6 month old)	7299.29 -JA

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Amb Encounter ReportBrown, Shirley
MRN: 13161883, DOB: [REDACTED] Sex: F
Encounter date: 10/23/2017**Flowsheets (all recorded) (continued)****Custom Formula Data - Mon October 23, 2017 (continued)**

Row Name	1329
(kcal)	
RDA (> 6 months-1 year old) (kcal)	6623.43 -JA
RD Method Female (Adolescent)	
RDA Female (11-14 years) (kcal)	3176.54 -JA
RDA Female (15-18 years) (kcal)	2703.44 -JA
Mifflin-St. Jeor Equation	
RMR (Mifflin-St. Jeor Equation)	1217.61 -JA
Fluid Requirements	
Holliday-Segar Method (<= 10 kg) (mL)	6758.6 -JA
Holliday-Segar Method (>10 <=20 kg) (mL)	4379.3 -JA
Holliday-Segar Method (> 20 kg) (mL)	4879.3 -JA
Anthropometrics	
Height Standing (in)	66 -JA
Fluid Requirements	
Holliday-Segar Method (over 20 kg)	2851.72 -JA
Measurements (Adult/Pediatric)	
BMI (kg/m2)	24.1 -JA

Anthropometrics - Mon October 23, 2017

Row Name	1329
Anthropometrics	
Weight Change	0 -JA

User Key

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Effective Dates
JA	Jacqueline Ayala	-

Encounter-Level Documents - 10/23/2017:

After Visit Summary - Document on 10/23/2017 2:20 PM : After Visit Summary (below)

**NYU Langone Health
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240 E. 38th St, 15th floor
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Amb Encounter ReportBrown, Shirley
MRN: 13161883, [REDACTED] Sex: F
Encounter date: 10/23/2017

Encounter-Level Documents - 10/23/2017: (continued)

AFTER VISIT SUMMARY

Shirley Brown DoB: 4/23/1948

10/23/2017 1:30 PM NYU NEUROLOGY ASSOCIATES 212-263-7744

**Instructions** from Cinthi Pillai, MD

- Concussion guideline reviewed
- Blood test
- Schedule MRI brain with and without
- Schedule EEG
- Headache diary; limit caffeine; limit over the counter medications
- Riboflavin and magnesium 400mg daily
- Follow up with your ophthalmologist
- Follow up with your primary care doctor

Orders placed today
BASIC METABOLIC PANEL
Complete as directedMRI brain with and without IV contrast
Complete as directedROUTINE EEG, 41-60 MINUTES
Complete as directedReturn in about 6 weeks
(around 12/4/2017).**Today's Visit**You saw Cinthi Pillai, MD on Monday
October 23, 2017 for:

- Concussion

The following issues were addressed:

- Headache, new daily persistent (NDPH)
- Numbness
- Facial twitching

Blood
Pressure
148/90BMI
24.05Weight
149 lbHeight
5' 6"Pulse
78**What's Next**DEC 5 2017 treatment - concussion with
Cinthi Pillai, MD
Tuesday December 5 12:30 PMNYU NEUROLOGY
ASSOCIATES
240 EAST 38TH STREET
20TH FLOOR
New York NY 10016
212-263-7744**MyChart at NYU
Langone**MyChart at NYU Langone Health
allows you to send a secure message to
your physician's office, view your test
results, renew prescriptions, schedule
appointments, make payments and
more. To view your account, visit
<https://mychart.nyuimc.org>.

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Amb Encounter ReportBrown, Shirley
MRN: 13161883 [REDACTED] Sex: F
Encounter date: 10/23/2017

Encounter-Level Documents - 10/23/2017: (continued)

Your Medication List as of 10/23/17 2:20 PM

Always use your most recent med list.

multivitamin capsule

Take 1 Cap by mouth daily.

OMEGA 3 ORAL

Take by mouth.

ZYRTEC ORAL

Take by mouth.

Problem List

Reviewed: 10/23/2017 1:38 PM by Cinthi Pillai, MD

None

Allergies as of 10/23/2017

No Known Allergies

If you feel that any of the information in this summary is inaccurate, please talk with your healthcare provider.

Information About Medication Safety

It is important to keep an updated record of the medications you are taking, and to bring this updated list of medications every time you visit your Health Care Provider and when you come to the hospital. We want to help you in managing your medications safely after your visit or discharge. This includes the potential side effects of your medications. If you have any questions regarding the medications you are taking, please speak to your Health Care Provider or Pharmacist.

Have questions about your bills?

Our physician and hospital customer service representatives are available to answer any billing questions.

Physician Billing: 1 - 877 - 648 - 2964

Hospital Billing: 1 - 800 - 237 - 6977

NYU Referral Center

As a patient at NYU Langone, you have access to many doctors and specialties within our network. If you are seeking a referral to an NYU Langone physician, we are available to assist you:

NYU Langone Physician Referral Services - (855) 314-2978 Monday - Friday 7:00 AM - 8:00 PM

NYU Langone's Hospital for Joint Diseases - (888) HJD DOCS (888-453-3627) Monday - Friday 8:30 AM - 6:30 PM

NYU Lutheran Medical Center - (718) 630-RXRX (718-630-7979) 24 hours a day, 7 days a week

You may also visit us at nyulangone.org (Find a Doctor) to schedule or request an appointment online.

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240 E. 38th St, 15th floor
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Amb Encounter ReportBrown, Shirley
MRN: 13161883 Sex: F
Encounter date: 10/23/2017**Encounter-Level Documents - 10/23/2017: (continued)**

After Visit Summary - Document on 10/23/2017 2:05 PM : After Visit Summary (below)

AFTER VISIT SUMMARY

Shirley Brown DoB: 4/23/1948

10/23/2017 1:30 PM NYU NEUROLOGY ASSOCIATES 212-263-7744

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Blood
Pressure
148/90BMI
24.05Weight
149 lbHeight
5' 6"Pulse
78**What's Next**

You currently have no upcoming appointments scheduled.

Your Medication List as of 10/23/17 2:05 PM

Always use your most recent med list.

multivitamin capsule
Take 1 Cap by mouth daily.OMEGA 3 ORAL
Take by mouth.ZYRTEC ORAL
Take by mouth.**Problem List** Reviewed: 10/23/2017 1:38 PM by Cinthi Pillai, MD
None**MyChart at NYU
Langone**MyChart at NYU Langone Health
allows you to send a secure message to
your physician's office, view your test
results, renew prescriptions, schedule
appointments, make payments and
more. To view your account, visit
<https://mychart.nyuimc.org>.

Shirley Brown (MRN: 13161883) (CSN: 71624441) • Printed by [CP209] at 10/23/17 2:05 PM

Page 1 of 2 **Epic**

**NYU Langone Health
System**

NR NEUROLOGY
240 E. 38th St, 15th floor
NEW YORK NY 10016-2708
Amb Encounter Report

Brown, Shirley
MRN: 13161883, DOB: [REDACTED] Sex: F
Encounter date: 10/23/2017

Encounter-Level Documents - 10/23/2017: (continued)

Allergies as of 10/23/2017

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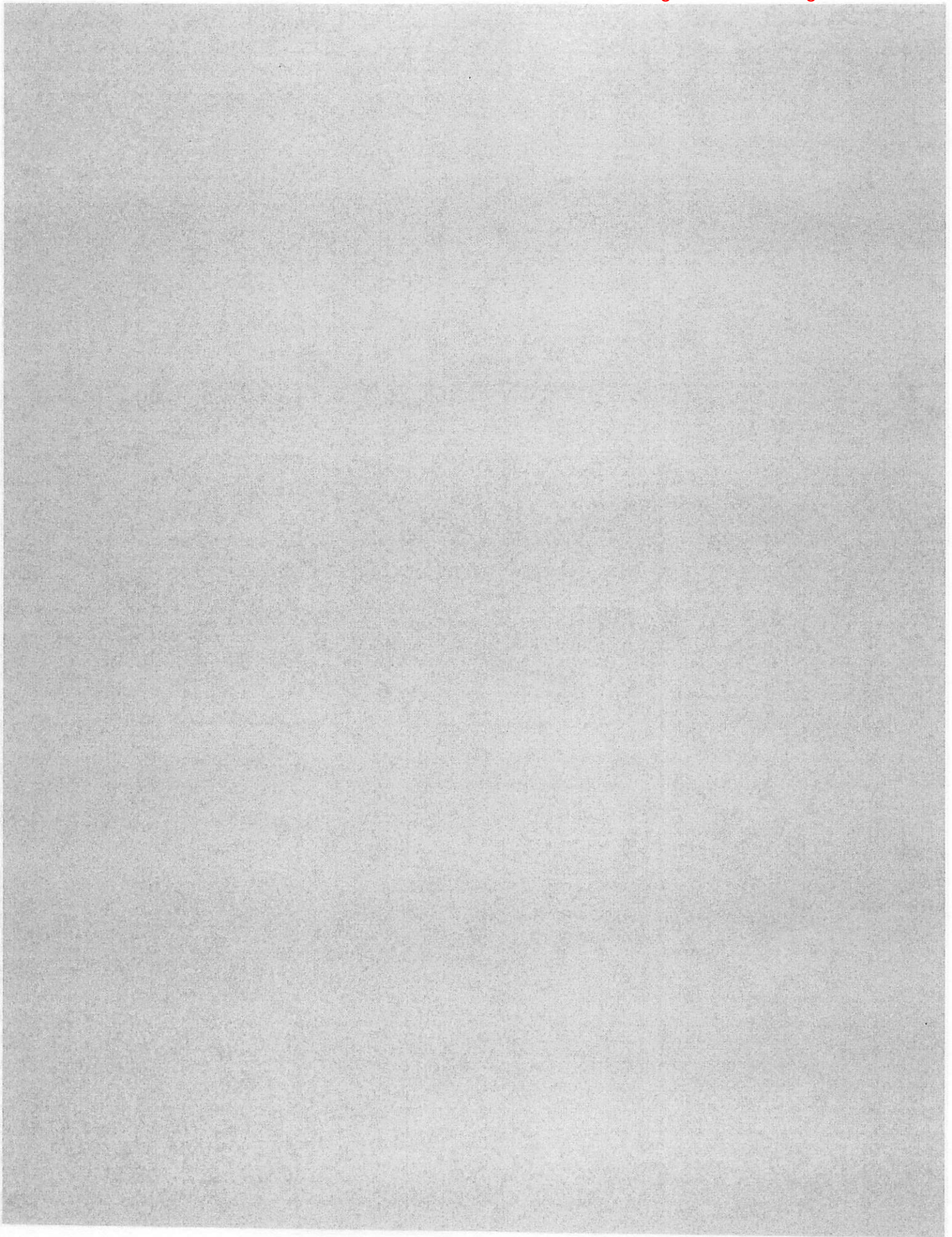
**NYU Langone Health
System**

NR NEUROLOGY
240 E. 38th St, 15th floor
NEW YORK NY 10016-2708
Amb Encounter Report

Brown, Shirley
MRN: 13161883, DOB: [REDACTED] Sex: F
Encounter date: 10/23/2017

Encounter-Level Documents - 10/23/2017: (continued)

END OF REPORT



Nov. 22. 2019 11:04AM
Brown, Shirley (MKN 13161883)

No. 6134 P. 4/12
Encounter Date: 02/20/2018

Source Note:

Progress Notes by John J Dellino, DMD at 2/20/2018 10:00 AM

Author: John J Dellino, DMD
Filed: 2/20/2018 12:31 PM
Status: Signed

Service: —
Encounter Date: 2/20/2018
Editor: John J Dellino, DMD (Physician)

Author Type: Physician
Note Type: Progress Notes

Subjective:

History of Present Illness:

Shirley Brown is a 69 y.o. female who presents with a Facial Pain which started 8 months ago when she was struck in the head when a luggage which was being attempted to be placed in the overhead storage bin fell and struck her in the right parietal region.. Symptoms were described as right headache with face, lips and nasal ala paresthesia, which is radiating to her tongue which is associated with weakness, numbness, and/or paresthesia. Exacerbating factors include heavy lifting, alleviating factors include magnesium and B2. The patient does report of limitations in ADLS, which include over doing house work. Sleep is interrupted due to pain. She reports 7 of hours/sleep per night. Current pain score is 8

1. Are you involved in a lawsuit because of your pain? yes

Current pharmacotherapy:

NSAIDS yes
Acetaminophen yes
Anticonvulsants yes
Sedatives no
Creams/Patches no
Opioids no
Side effects? no

Anticoagulation: None

Pain Modalities tried (response to treatment):

Medications tried in past: calcium, magnesium, Vit B2, Zertec
Physical therapy: no
Chiropractic: no
Acupuncture: no
Spinal Interventions: no
Surgery: no

Diagnostics:

MRI: Brian
CT: no
Standard XRay: no
EMG: no
Other: EEG Normal

History reviewed. No pertinent past medical history.

Past Surgical History:

Procedure

Laterality

Date

• BREAST BIOPSY

History reviewed. No pertinent family history.

Social History

Nov. 22. 2019 11:05AM
Brown, Shirley (MRN 13161883)

No. 6134 P. 5/12
Encounter Date: 02/20/2018

Social History

- Marital status: Single
- Spouse name: N/A
- Number of children: N/A
- Years of education: N/A

Social History Main Topics

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used
- Alcohol use: No
- Drug use: No
- Sexual activity: Not Asked

Other Topics

- None

Concern

Social History Narrative

- None

No Known Allergies

There are no active problems to display for this patient.

I am having Ms. Brown maintain her OMEGA-3S/DHA/EPA/FISH OIL (OMEGA 3 ORAL), multivitamin, CETIRIZINE HCL (ZYRTEC ORAL), MAGNESIUM ORAL, and calcium carbonate.

Review of Systems:

General: No Wt Loss/Gain, weakness, fatigue, fever
Skin: No Rashes, Lumps, Sores, Itching, Dryness, Color Change, Changes in Hairs/Nails
Head: Right parietal Headache, Injury(luggage fell from overhead bin on airplane).
Eyes: No Changes in Vision, Pain, Spots, Glaucoma, Cataracts
Ears: No Changes in Hearing, Tinnitus, Discharge
Nose/Sinuses: No Congestion, Discharge, Itching, Epistaxis
Mouth/Throat: Normal Teeth/Gums, No Sore throat, Hoarseness Tongue paresthesia
TMJ: Denies pain popping or crepitus.
Neck: No Lumps, Pain, Stiffness
Respiratory: No Cough, SOB, Hemoptysis
Cardiac: No HTN, Murmur, Palpitations, Chest Pain, Dyspnea, Orthopnea
GI: No Reflux, Change in Appetite, Nausea, Vomiting, Diarrhea, Change in Bowel Habits, Bleeding
GU: No Dysuria, Frequency, Urgency, Nocturia, Hematuria, Incontinence
MusculoSkeletal: No Weakness bilaterally. Negative for muscle weakness or gait disturbance.
Endocrine: No Thyroid Disease, Polyuria, Thirst/Hunger
Heme/Lymphatic: Denies abnormal bruising, bleeding, enlarged lymph nodes.
Psych: no Depression, no Anxiety
Neuro: negative for - behavioral changes, bowel and bladder control changes, confusion, dizziness, gait disturbance, headaches, impaired coordination/balance, memory loss, numbness/tingling, seizures, speech problems, visual changes, weakness

Nov. 22, 2019 11:05AM
Brown, Shirley (MRN 13161883)

No. 6134 P. 6/12
Encounter Date: 02/20/2018

Objective:

Visit Vitals

BP	140/81
Pulse	99
Ht	1.876 m (5' 6")
Wt	66.7 kg (147 lb)
LMP	(Approximate)
SpO2	100%
BMI	23.73 kg/m ²

Weight from previous visit - Weight - Scale: 66.7 kg (147 lb)

Physical Exam:

General Appearance: cooperative, no acute distress,

Head: Normocephalic without exostosis or scars.

NEURLOGIC: Cranial Nerves II-IV grossly intact. CN V right facial pain, paresthesia involving the V II and V III divisions of CN V. CN VI thru XII grossly intact.

Eyes:

Visual fields: grossly intact by confrontation

Ophthalmoscopic: discs sharp and flat, no a/v nicking, hemorrhages, or exudates

Posterior segments: vitreous, retina and vessels normal

Pupils: equal, round, reactive to light and accommodation

EOM: extraocular movements intact, normal gaze alignment

Ears: TM's intact bilaterally. No protrusion, retraction, air-fluid level. No discharge.

Nose: Nares patent bilaterally without discharge or evidence of hemorrhage. Septum midline.

Throat: Mucous membranes pink without evidence of lesions. Tongue midline protrusion.

Oropharynx: clear. TMJs Normal ROM, no crepitus or lateralization..

Neck: Supple, no adenopathy, thyroid: not enlarged, no carotid bruit or JVD

Lungs: Clear to auscultation bilaterally, no adventitious breath sounds, normal expiratory phase

Heart: Regular rate and rhythm, S1, S2 normal, no murmur, rub or gallop

Abdomen: Soft, non-tender, bowel sounds active, no hepatosplenomegaly

Lymphatic: No cervical, axillary, or inguinal adenopathy

Extremities: no cyanosis or edema, no joint swelling

Musculoskeletal: Normal muscle power in all extremities

Skin: Skin color, texture normal, no rashes

Gait: non antalgic, can toe/heel walk

Cervical Spine: negative for spasm, negative for tenderness to palpation, ROM WNL in flexion/extension/rotation

Nov. 22. 2019 11:05AM
Brown, Shirley (MRN 13161883)

No. 6134 P. 7/12
Encounter Date: 02/20/2018

Lumbar Spine: negative for spasm, negative for tenderness to palpation, ROM WNL in flexion/extension/side bending/rotation

Neurologic: sensory and motor normal, negative for SLR, negative for facet load, negative for FABER, motor and sensory grossly intact, no atrophy, Cranial Nerves: CN II thru XII grossly intact.

Assessment

Patient ID: Shirley Brown is a 69 y.o. female who presents for Facial Pain
Which started on the right following a head injury and now she reports it involves the left side.

Results for orders placed or performed during the hospital
encounter of 11/10/17

BASIC METABOLIC PANEL

Result	Value	Ref Range
SODIUM	141	134 - 148 mmol/L
POTASSIUM	4.3	3.6 - 5.2 mmol/L
CHLORIDE	101	98 - 108 mmol/L
CARBON DIOXIDE	32	25 - 32 mmol/L
BLOOD UREA NITROGEN	13	10 - 26 mg/dL
CREATININE	0.8	0.6 - 1.0 mg/dL
GLUCOSE	77	70 - 100 mg/dL
CALCIUM	9.3	8.3 - 10.3 mg/dL
EGFR MDRD NON AFRICAN AMERICAN	>60.0	>60 mL/min/1.73 m2
EGFR MDRD AFRICAN AMERICAN	>60.0	>60 mL/min/1.73 m2
ANION GAP	8	6 - 14 mmol/L

Plan

Consider left V II and III diagnostic block

More than 50% of the visit was spent explaining findings, assessment and plan of action.8 months ago

Electronically signed by John J Dellino, DMD at 2/20/2018 12:31 PM

Nov. 22. 2019 11:05AM
Brown, Shirley (MRN 13161883)

No. 6134 P. 8/12
Encounter Date: 04/11/2018

Source Note:

Progress Notes by Micah Burns, MD at 4/11/2018 8:00 AM

Author: Micah Burns, MD
Filed: 4/11/2018 8:51 AM
Status: Addendum
Related Notes: Original Note by Micah Burns, MD (Fellow) filed at 4/11/2018 8:00 AM

Service: —
Encounter Date: 4/11/2018
Editor: John J Dellino, DMD (Physician)

Author Type: Fellow
Note Type: Progress Notes

Subjective:

Interval Histor 4/11/18

Pain well controlled just having some tearing, with small flare ups that don't bother her very much. She does not desire a procedure at this time and would like to stop taking medications as she does not have any pain.

History of Present Illness:

Shirley Brown is a 69 y.o. female who presents with a Facial Pain which started 8 months ago when she was struck in the head when a luggage which was being attempted to be placed in the overhead storage bin fell and struck her in the right parietal region.. Symptoms were described as right headache with face, lips and nasal ala paresthesia which is radiating to her tongue which is associated with weakness, numbness, and/or paresthesia. Exacerbating factors include heavy lifting, alleviating factors include magnesium and B2. The patient does report of limitations in ADLS, which include over doing house work. Sleep is interrupted due to pain. She reports 7 of hours/sleep per night. Current pain score is 8

1. Are you involved in a lawsuit because of your pain? yes

Current pharmacotherapy:

NSAIDS yes
Acetaminophen yes
Anticonvulsants yes
Sedatives no
Creams/Patches no
Opioids no
Side effects? no

Anticoagulation: None

Pain Modalities tried (response to treatment):

Medications tried in past: calcium, magnesium, Vit B2, Zertec
Physical therapy: no
Chiropractic: no
Acupuncture: no
Spinal interventions: no
Surgery: no

Diagnostics:

MRI: Brain
CT: no
Standard XRay: no
EMG: no
Other: EEG Normal

History reviewed. No pertinent past medical history.

Past Surgical History:
Procedure

Laterality

Date

Nov. 22. 2019 11:05AM
Brown, Shirley (MKN 13161883)

No. 6134 P. 9/12
Encounter Date: 04/11/2018

• BREAST BIOPSY

History reviewed. No pertinent family history.

Social History

Social History

- | | |
|-----------------------|--------|
| • Marital status: | Single |
| • Spouse name: | N/A |
| • Number of children: | N/A |
| • Years of education: | N/A |

Social History Main Topics

- | | |
|----------------------|--------------|
| • Smoking status: | Never Smoker |
| • Smokeless tobacco: | Never Used |
| • Alcohol use: | No |
| • Drug use: | No |
| • Sexual activity: | Not Asked |

Other Topics

- None

Concern

Social History Narrative

- None

No Known Allergies

There are no active problems to display for this patient.

I am having Ms. Brown maintain her OMEGA-3S/DHA/EPA/FISH OIL (OMEGA 3 ORAL), multivitamin, CETIRIZINE HCL (ZYRTEC ORAL), MAGNESIUM ORAL, calcium carbonate, and (riboflavin, vitamin B2, (VITAMIN B-2 ORAL)).

Review of Systems:

General: No Wt Loss/Gain, weakness, fatigue, fever
Skin: No Rashes, Lumps, Sores, Itching, Dryness, Color Change, Changes in Hairs/Nails
Head: Right parietal Headache, Injury(luggage fell from overhead bin on airplane).
Eyes: No Changes in Vision, Pain, Spots, Glaucoma, Cataracts
Ears: No Changes in Hearing, Tinnitus, Discharge
Nose/Sinuses: No Congestion, Discharge, Itching, Epistaxis
Mouth/Throat: Normal Teeth/Gums, No Sore throat, Hoarseness Tongue paresthesia
TMJ Denies pain popping or crepitus.
Neck: No Lumps, Pain, Stiffness
Respiratory: No Cough, SOB, Hemoptysis
Cardiac: No HTN, Murmur, Palpitations, Chest Pain, Dyspnea, Orthopnea
GI: No Reflux, Change in Appetite, Nausea, Vomiting, Diarrhea, Change in Bowel Habits, Bleeding
GU: No Dysuria, Frequency, Urgency, Nocturia, Hematuria, Incontinence
MusculoSkeletal: No Weakness bilaterally. Negative for muscle weakness or gait disturbance.
Endocrine: No Thyroid Disease, Polyuria, Thirst/Hunger
Heme/Lymphatic: Denies abnormal bruising, bleeding, enlarged lymph nodes.

Nov. 22. 2019 11:05AM
Brown, Shirley (MRN 13161883)

No. 6134 P. 10/12
Encounter Date: 04/11/2018

Psych: no Depression, no Anxiety

Neuro: negative for - behavioral changes, bowel and bladder control changes, confusion, dizziness, gait disturbance, headaches, impaired coordination/balance, memory loss, numbness/tingling, seizures, speech problems, visual changes, weakness

Objective:

Visit Vitals

BP	153/80
Pulse	81
Ht	1.676 m (5' 6")
Wt	66.7 kg (147 lb)
LMP	(Approximate)
SpO2	99%
BMI	23.73 kg/m ²

Weight from previous visit - Weight - Scale: 66.7 kg (147 lb)

Physical Exam:

General Appearance: cooperative, no acute distress,

Head: Normocephalic without exostosis or scars.

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Visual fields: grossly intact by confrontation

Ophthalmoscopic: discs sharp and flat, no a/v nicking, hemorrhages, or exudates

Posterior segments: vitreous, retina and vessels normal

Pupils: equal, round, reactive to light and accommodation

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Ears: TM's intact bilaterally. No protrusion, retraction, air-fluid level. No discharge.

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Oropharynx clear. TMJs Normal ROM, no crepitus or lateralization..

Neck: Supple, no adenopathy, thyroid: not enlarged, no carotid bruit or JVD

Lungs: Clear to auscultation bilaterally, no adventitious breath sounds, normal expiratory phase

Heart: Regular rate and rhythm, S1, S2 normal, no murmur, rub or gallop

Abdomen: Soft, non-tender, bowel sounds active, no hepatosplenomegaly

Lymphatic: No cervical, axillary, or inguinal adenopathy

Extremities: no cyanosis or edema, no joint swelling

Musculoskeletal: Normal muscle power in all extremities

Nov. 22. 2019 11:05AM
Brown, Shirley (MRN 13161883)

No. 6134 P. 11/12
Encounter Date: 04/11/2018

Skin: Skin color, texture normal, no rashes

Gait: non antalgic, can toe/heel walk

Cervical Spine: negative for spasm, negative for tenderness to palpation, ROM WNL in flexion/extension/rotation

Lumbar Spine: negative for spasm, negative for tenderness to palpation, ROM WNL in flexion/extension/side bending/rotation

Neurologic: sensory and motor normal, negative for SLR, negative for facet load, negative for FABER, motor and sensory grossly intact, no atrophy, Cranial Nerves: CN II thru XII grossly intact.

Assessment

Patient ID: Shirley Brown is a 69 y.o. female who presents for Facial Pain
Which started on the right following a head injury and now she reports it involves the left side.

Results for orders placed or performed during the hospital
encounter of 11/10/17

BASIC METABOLIC PANEL

Result	Value	Ref Range
SODIUM	141	134 - 146 mmol/L
POTASSIUM	4.3	3.6 - 5.2 mmol/L
CHLORIDE	101	98 - 108 mmol/L
CARBON DIOXIDE	32	25 - 32 mmol/L
BLOOD UREA NITROGEN	13	10 - 26 mg/dL
CREATININE	0.8	0.6 - 1.0 mg/dL
GLUCOSE	77	70 - 100 mg/dL
CALCIUM	9.3	8.3 - 10.3 mg/dL
EGFR MDRD NON AFRICAN AMERICAN	>60.0	>60 mL/min/1.73 m2
EGFR MDRD AFRICAN AMERICAN	>60.0	>60 mL/min/1.73 m2
ANION GAP	8	6 - 14 mmol/L

Plan

Facial pain- resolved as per patient. If the flare ups become bothersome she will return to the practice.
She agrees with this plan and will call for an appointment if necessary.

RTC PRN

I saw and examined the patient. Discussed findings with resident and agree with the resident findings
and plan as documented in the resident's note.
More than 50% of the visit was spent explaining findings, assessment and plan of action. 8 months ago

Electronically signed by John J Dellino, DMD at 4/11/2019 8:51 AM

Nov. 22. 2019 11:05AM
Brown, Shirley (MRN 13161883)

No. 6134 P. 12/12
Encounter Date: 04/11/2018

**NYU Langone Health
System**

 Brown, Shirley
 MRN: 13161883 [REDACTED] Sex: F

Patient Demographics

Name Brown, Shirley	Patient ID 13161883	SSN xxx-xx-9999	Sex Female	Birth Date 04/23/48 (69 yrs)
Address [REDACTED]	Phone 917-873-9803 (H) 917-873-9803 (M)	Email ShirleyBrown3248@yahoo.com	Employer	
Reg Status ELAPSED	PCP	Date Last Verified 11/10/17	Next Review Date 12/10/17	
Emergency Contact 1 Sheree Brown (DAUGHTER) 646-408-5017 (H) 646-408-5017 (M)				

MRI BRAIN WITH AND WITHOUT IV CONTRAST [209154692]

Electronically signed by: Cinthi Pillai, MD on 10/23/17 1349
 Ordering user: Cinthi Pillai, MD 10/23/17 1349
 Frequency: 11/21/17 0755 - 1 Occurrences
 Diagnoses
 Headache, new daily persistent (NDPH) [G44.52]
 Numbness [R20.0]
 Facial twitching [G51.4]

Status: Completed

Authorized by: Cinthi Pillai, MD

Questionnaire

Question	Answer
Should Advanced Image Post-Processing (3D) be performed on this study?	Per Radiologist Judgment
Allow radiologist to modify order with respect to the administration of intravenous contrast based on the diagnostic purpose and the clinical conditions, signs or symptoms of the patient?	Yes
Clinical History:	New headache and right face numbness and twitching.
Do you want an expedited read?	No

Result date and time is equivalent to report date and time.

MRI BRAIN WITH AND WITHOUT IV CONTRAST [209154693]

Resulted: 11/21/17 1113, Result status: Final result

 Resulted by: Timothy Shepherd, MD
 Performed: 11/21/17 0814 - 11/21/17 0905

 Neel Bagadiya, MD
 Resulting lab: NYU RADIOLOGY SWF
 Narrative:

CLINICAL INDICATION: New headache and right face numbness and twitching. History of concussion 8/28/2017

TECHNIQUE: Multi-planar multi-sequential MR imaging of the brain was performed before and after the Intravenous administration of 6.7 ml of Gadavist.

COMPARISON: None

FINDINGS: There is subtle asymmetric decreased caliber of the right trigeminal nerve however no mass or mass effect on the nerve clsternal segment is appreciated. The trigeminal root entry zone and right Meckel's cave also appear within normal limits.

Scattered supratentorial and medial lemniscus and ill-defined pontine T2/FLAIR hyperintense foci within the white matter are nonspecific and likely secondary to chronic microvascular ischemic disease.

No acute infarction, intracranial hemorrhage or mass. No abnormal intracranial enhancement is identified.

The ventricles are normal without evidence of hydrocephalus. There are no extra-axial fluid collections.

The visualized intraorbital contents are normal. The imaged portions of the paranasal sinuses are clear. The mastoid air cells are clear. The visualized soft tissues and osseous structures appear normal.

Electronic Signature: I personally reviewed the images and agree with this report. Final Report: Dictated by Resident Neel Bagadiya MD and Signed by Attending Timothy Shepherd MD 11/21/2017 11:13 AM

 Impression:
 IMPRESSION:

**NYU Langone Health
System**HJD CMC RAD MRI
333 East 38th St
NEW YORK NY 10016-2772Brown, Shirley
MRN: 13161883, DOB: [REDACTED] Sex: F
Adm: 11/21/2017, D/C: 11/21/2017

Subtle asymmetric appearance of cisternal right trigeminal nerve could correlate with symptoms but there is no mass or mass effect to explain the finding.

Moderate supratentorial and ill-defined pontine hyperintensities likely correlate with age and/or cerebrovascular risk factors.

I, Timothy Shepherd, M.D./Ph.D., have personally reviewed the images and agree with the above interpretation.

Specimen Information

Type	Source	Collected On
		11/21/17 1005

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
133 - NYU Rad Syngo	NYU RADIOLOGY SWF	Unknown	Unknown	07/06/10 1226 - Present

ROUTINE EEG, 41-60 MINUTES [209154689]

Electronically signed by: Cinthi Pillai, MD on 10/23/17 1349

Status: Completed

Ordering user: Cinthi Pillai, MD 10/23/17 1349

Authorized by: Cinthi Pillai, MD

Ordered during: Office Visit on 10/23/2017

Frequency: 10/23/17 -

Diagnoses

Headache, new daily persistent (NDPH) [G44.52]

Numbness [R20.0]

Facial twitching [G51.4]

Result date and time is equivalent to report date and time.

ROUTINE EEG, 41-60 MINUTES [215795978]

Resulted: 11/29/17 1330. Result status: Final result

Resulting lab: NYU PERFORMED

Narrative:

Josiane Lajole, MD 11/30/2017 6:09 AM

History:

Shirley Brown is a 69 y.o. female referred for routine EEG with a history of: paroxysmal events of unclear etiology.

Current Outpatient Prescriptions:

- CETIRIZINE HCL (ZYRTEC ORAL), Take by mouth., Disp: , Rf:
- multivitamin capsule, Take 1 Cap by mouth daily., Disp: , Rf:

- OMEGA-3S/DHA/EPA/FISH OIL (OMEGA 3 ORAL), Take by mouth., Disp: , Rf:

Technique:

A 21 channel electroencephalogram (EEG) recording using the International 10-20 system was performed utilizing a NicOne system.

EEG Background:

The waking background was characterized by the presence of a well organized symmetric mixture of alpha, beta and theta frequencies, with a symmetric and reactive 10 Hertz posterior dominant rhythm (PDR). The normal anterior-to-posterior gradient of frequency and amplitude was present.

During drowsiness, slow rolling eye movements, attenuation and fragmentation of the posterior dominant rhythm and diffuse background slowing.

There was normal sleep architecture, with synchronous and symmetric vertex waves, sleep spindles and K-complexes present during Stage II sleep. Slow wave sleep architecture was preserved.

No generalized slowing was present. No focal slowing was present.

Paroxysmal Activity (non-epileptiform):

Generated on 12/15/17 12:58 PM

Page 2

**NYU Langone Health
System**TH ACC EEG
240 East 38th Street
NEW YORK NY 10016-2708Brown, Shirley
MRN: 13161883, DOB: [REDACTED] Sex: F
Encounter date: 11/29/2017

None

Epileptiform Activity:

No epileptiform activity was present.

Activation Procedures:

Hyperventilation: Hyperventilation was not performed.

Photic Stimulation: Photic stimulation between 2-20 Hertz was associated with bilateral driving response at some frequencies.

Clinical Events:

No clinical nor electrographic seizures were captured.

Impression:

This is a normal EEG study in the awake and asleep states. No epileptiform activity was seen and no clinical events or seizures were recorded.

Clinical Correlation:

This is a normal EEG. Clinical correlation is advised.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
143 - Unknown	NYU PERFORMED	Unknown	Unknown	01/25/11 1853 - Present

VISIT SUMMARY**Reason for Visit**

Concussion

Diagnoses

Headache, new daily persistent (NDPH) - Primary

Numbness

Facial twitching

Comments

Problem List as of 10/23/2017

None

Date Reviewed: 10/23/2017

Allergies as of 10/23/2017

No Known Allergies

Verified On: 10/23/2017 By: Cinthi Pillai, MD

Vitals

BP	Pulse	Ht	Wt	LMP
148/90 (Site: Right Arm, Position: Sitting)	78	1.676 m (5' 6")	67.6 kg (149 lb)	(Approximate)

BMI24.05 kg/m²**MEDICATIONS****Medications the Patient Reported Taking**

	Disp	Refills	Start	End
multivitamin capsule (Taking) Sig: Take 1 Cap by mouth daily. Class: Historical Med Route: Oral				

**NYU Langone Health
System**NR NEUROLOGY
240 E. 38th St, 15th floor
NEW YORK NY 10016-2708
Amb Encounter ReportBrown, Shirley
MRN: 13161883, DOB [REDACTED] Sex: F
Encounter date: 10/23/2017**Medications the Patient Reported Taking (continued)**

	Disp	Refills	Start	End
OMEGA-3S/DHA/EPA/FISH OIL (OMEGA 3 ORAL) (Taking) Sig: Take by mouth. Class: Historical Med Route: Oral				

CALL CONTACT INFORMATION**Call Information**

	Provider	Department	Center
10/23/2017 1:30 PM	Cinthi Pillai, MD	Nr Neurology	ACC Neuro

Reason for Call

Concussion

Care Advice Given

No Care Advice given for this encounter.

ORDERS AND RESULTS

Result date and time is equivalent to report date and time.

**NYU Langone Health
System**NR NEUROLOGY
240 E. 38th St, 15th floor
NEW YORK NY 10016-2708
Amb Encounter ReportBrown, Shirley
MRN: 13161883, DOB: [REDACTED] Sex: F
Encounter date: 10/23/2017**Orders/Results - Order Type: Imaging****MRI BRAIN WITH AND WITHOUT IV CONTRAST [209154688]**

Electronically signed by: Cinthi Pillai, MD on 10/23/17 1349

Ordering user: Cinthi Pillai, MD 10/23/17 1349

Authorized by: Cinthi Pillai, MD

Status: Completed

Frequency: 10/23/17 -

Diagnoses

Headache, new daily persistent (NDPH) [G44.52]

Numbness [R20.0]

Facial twitching [G51.4]

Questionnaire

Question	Answer
Should Advanced Image Post-Processing (3D) be performed on this study?	Per Radiologist Judgment
Allow radiologist to modify order with respect to the administration of intravenous contrast based on the diagnostic purpose and the clinical conditions, signs or symptoms of the patient:	Yes
Clinical History:	New headache and right face numbness and twitching
Do you want an expedited read?	No

Orders/Results - Order Type: Lab**BASIC METABOLIC PANEL [209154687]**

Electronically signed by: Cinthi Pillai, MD on 10/23/17 1349

Ordering user: Cinthi Pillai, MD 10/23/17 1349

Authorized by: Cinthi Pillai, MD

Status: Completed

Frequency: 10/23/17 -

Diagnoses

Headache, new daily persistent (NDPH) [G44.52]

Numbness [R20.0]

Facial twitching [G51.4]

Orders/Results - Order Type: Medications**OMEGA-3S/DHA/EPA/FISH OIL (OMEGA 3 ORAL) [209154684]**

Electronically signed by: Jacqueline Ayala on 10/23/17 1328

Ordering user: Jacqueline Ayala 10/23/17 1328

Authorized by: Historical Provider, MD

Status: Active

Frequency: - Until Discontinued

multivitamin capsule [209154685]

Electronically signed by: Jacqueline Ayala on 10/23/17 1328

Ordering user: Jacqueline Ayala 10/23/17 1328

Authorized by: Historical Provider, MD

Status: Active

Frequency: Daily - Until Discontinued

CETIRIZINE HCL (ZYRTEC ORAL) [209154686]

Electronically signed by: Jacqueline Ayala on 10/23/17 1328

Ordering user: Jacqueline Ayala 10/23/17 1328

Authorized by: Historical Provider, MD

Status: Active

Frequency: - Until Discontinued

Progress Notes - All Notes**Progress Notes by Cinthi Pillai, MD at 10/23/2017 1:30 PM**

Author: Cinthi Pillai, MD

Specialty: Neurology, General

Author Type: Physician

Filed: 10/23/2017 2:05 PM

Encounter Date: 10/23/2017 1:30 PM

Status: Signed

Editor: Cinthi Pillai, MD (Physician)

NEUROLOGY

Chief Complaint: concussion

Generated on 12/15/17 12:58 PM

Page 5

**NYU Langone Health
System**NR NEUROLOGY
240 E. 38th St, 15th floor
NEW YORK NY 10016-2708
Amb Encounter ReportBrown, Shirley
MRN: 13161883, DOB [REDACTED] Sex: F
Encounter date: 10/23/2017

Progress Notes - All Notes (continued)**Progress Notes by Cinthi Pillai, MD at 10/23/2017 1:30 PM (continued)**

HPI:

This is a 69 year old right handed female who presents with a chief complaint of getting hit in the head with luggage (no loss of consciousness) on 8/28/17. She then developed a headache and right face numbness - associated with photophobia and phonophobia. She was evaluated in the ER when she arrived in San Diego and had a reportedly normal CT head on 8/29/17. About ten days later she returned to the ER due to headaches. She has headaches almost daily - mild dull ache, photophobia, phonophobia, numbness (around the mouth). She sleeps 8 hours nightly; 2 cups tea daily and daily snapple/gatorade; tylenol daily initially (not as much now). She denies nausea, dizziness, neck pain, weakness, numbness, difficulty walking.

ROS The remainder of the review of the 14 systems was negative.

Patient's medications, allergies, past medical, surgical, social and family histories were reviewed and updated as appropriate.

Vitals: 148/90**General:** Well-developed, well-nourished individual of stated age in no acute distress.**HEENT:** neck supple, full ROM**Cardiovascular:** no carotid bruit appreciated**Mental Status:** Alert and oriented to time, place and person. Recent and remote memory intact. Normal attention and concentration. Language intact - able to name, read and repeat. Follows commands and responds appropriately to questions. Normal fund of knowledge.**Cranial Nerves:** II: Vasc 20/40 PH 20/20-1 OS 20/40 PH 20/20 OU (forgot new glasses), visual fields full on confrontation; disc margins sharp OU. III, IV and VI: PERRLA, EOM full, no ptosis, no nystagmus V: facial sensation is intact VII: Facial strength is intact VIII: Hearing symmetric to finger rub. IX, X: Palate elevates symmetrically. XII: Tongue strength is normal without atrophy or fasciculations.**Motor:** normal tone, no atrophy/tenderness, no abnormal movements noted, strength 5/5 throughout, no pronator drift**Sensory:** light touch, pin prick, proprioception, and vibration symmetric and intact**Coordination:** no dysmetria on finger to nose**Reflexes:** biceps 2+, brachioradialis 2+, triceps 2+, knee 2+, ankle 2+, Babinski negative bilaterally, no clonus**Gait:** steady, normal based, able to tandem and walk on toes/heels, Rhomberg negative**Neuroimaging Reviewed:**

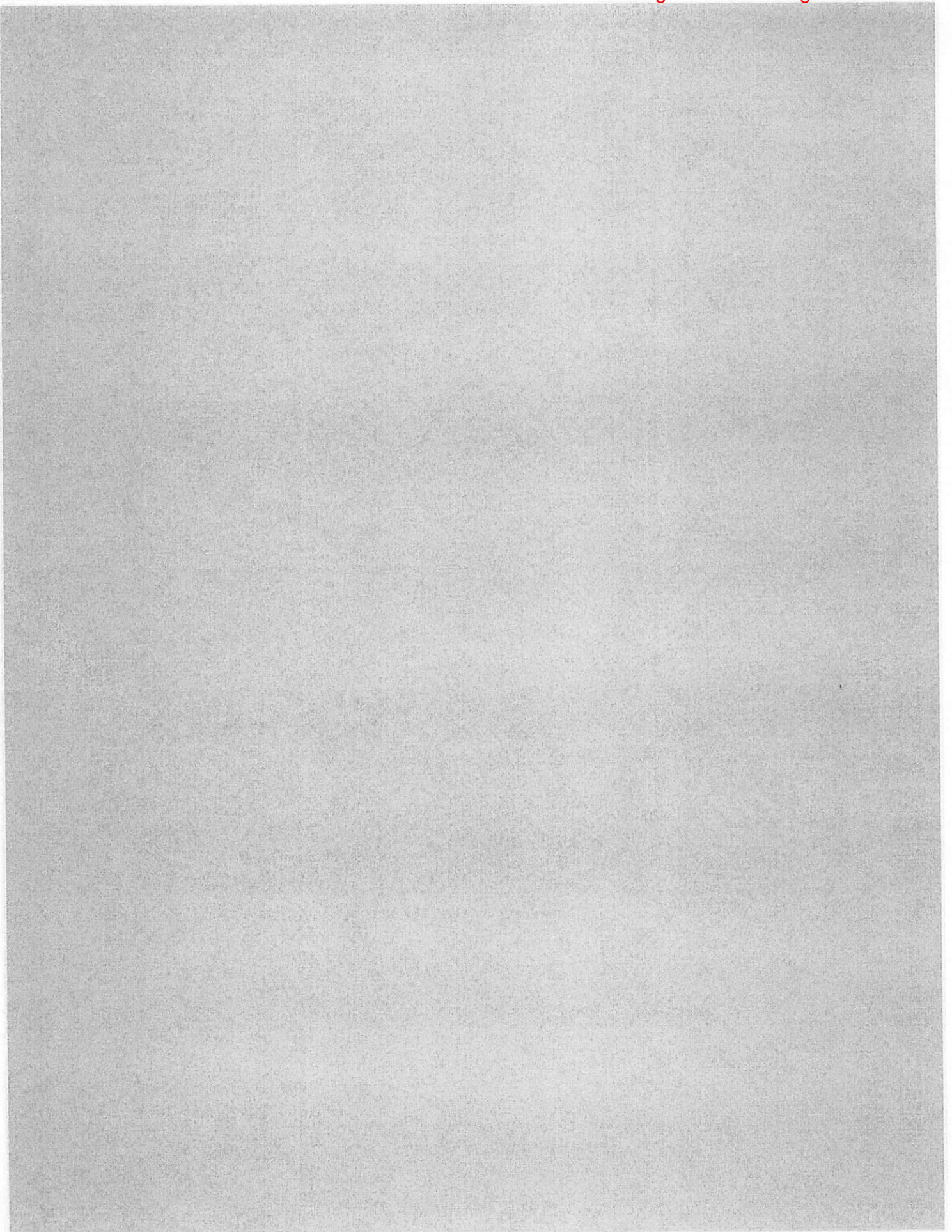
-

Impression/Plan: This is a 69 year old right handed female who presents with a chief complaint of getting hit in the head with luggage (no loss of consciousness) on 8/28/17 - now with concussion symptoms as well as occasional right face numbness and twitching. Her

-Blood test

-Schedule MRI brain with and without

-Schedule EEG



2019-11-15 16:54

NYC755 2127729220 >> 2125323301

P 39/42

Shirley Brown - 2878

Receipt#: 44208

Dated: 11-15-2019



ITEMIZED CHARGES

Dated : 11-15-2019

Robert R. Dittkoff MD, PC
755 Park Avenue
New York, NY 10021
Telephone #212-772-2800
Fax #212-772-9220
Tax ID #133034510

Shirley C Brown
2289 5th Avenue, Apt 10M
New York, NY, 10037

Patient ID : 2878
Patient Phone #:
Other Phone # : 917-873-9803
Receipt # : 44208
Primary Ins : National Government Services
Secondary Ins : Ghi

Date	Description	Unit	Physician	Charges	Payment	Adjustment	Balance
07-11-2019	[92014] Ophth. Comp. Est.	1.00	Kenneth Baras..	\$225.00	\$144.95		
08-02-2019	Paid : Medicare				\$115.71		
08-02-2019	Write off : Medicare					\$2.36	
08-02-2019	Write Off : National G...					\$78.79	
08-14-2019	Paid : GHI2				\$29.24		\$0.00
	[H25.13] AGE RELATED NUCLEAR CATARACT						
	[H35.373] PUCKERING OF MACULA						
	[H43.393] VITREOUS OPACITIES, OTHER						
	[H43.813] VITREOUS DEGENERATION						
07-11-2019	[92134] OCT	1.00	Kenneth Baras..	\$250.00	\$47.16		
08-02-2019	Paid : Medicare				\$37.65		
08-02-2019	Write off : Medicare					\$0.77	
08-02-2019	Write Off : National G...					\$202.43	
08-14-2019	Paid : GHI2				\$9.51		\$0.00
	[H35.373] PUCKERING OF MACULA						
07-11-2019	[92226] Ophth Ext. Sub.	1.00	Kenneth Baras..	\$200.00	\$58.00		
08-02-2019	Paid : Medicare				\$46.30		
08-02-2019	Write off : Medicare					\$0.94	
08-02-2019	Write Off : National G...					\$141.50	
08-14-2019	Paid : GHI2				\$11.70		\$0.00
	[H43.393] VITREOUS OPACITIES, OTHER						
	[H43.813] VITREOUS DEGENERATION						

Payment History

08-02-2019	Insurance	Medicare - EFT# 802666405	\$115.71
08-02-2019	Insurance	Medicare - EFT# 802666405	\$37.65
08-02-2019	Insurance	Medicare - EFT# 802666405	\$46.30
08-14-2019	Insurance	GHI2 - EFT# 02754335	\$29.24
08-14-2019	Insurance	GHI2 - EFT# 02754335	\$9.51
08-14-2019	Insurance	GHI2 - EFT# 02754335	\$11.70

Total Approved Procedure Cost: \$252.28

Total Applied to Procedures: \$248.21

Balance: \$0.00

2019-11-15 16:54

NYC755 2127729220 >> 2125323301

P 40/42

2019-11-15 16:54

NYC755 2127729220 >> 2125323301

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Shirley Brown - 2878

Receipt#: 44206

Dated: 11-15-2019

Account Balance Summary							
	0 - 30	31 - 60	61 - 90	91 - 120	121 - 150	151 - 180	Total
Patient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

2019-11-15 16:55

NYC755 2127729220 >> 2125323301

P 42/42

2019-11-15 16:43

NYC755 2127729220 >> 2125323301

P 3

Name: Brown, Shirley Date: 7/11/1987
 D.O.B: 4/23/48 Age: _____

Chief Complaint: _____

Tobacco use? _____

Allergies

Pneumonia Vaccine Received? 65yrs and older

Medical History _____

Changes to medical history since last visit? _____

Medications

Systemic

Ocular

VA: OD _____ PH _____ W: OD _____ x _____
 OS _____ PH _____ OS _____ x _____
 ADD OD _____

TA: OD _____
 OS _____

Dilation with _____

Keratometry: OD _____

OS _____

EOM: OD _____

OS _____

Brown Shirley
 TOPCON CL-200
 7-11-19
 <R> S C A
 +3.50 +0.00 180
 PSM 0.00 ABBE
 0 BASE
 <L> S C A
 +3.50 +0.00 180
 PSM 0.00 ABBE
 0 BASE

1526-----
 Brown Shirley
 JUL/11/2019 09:59 AM
 -13.75mm

<R> S C A
 + 1.75 - 0.50 126 5
 + 2.00 - 0.75 126 5
 + 2.00 0.75 134 5
 <L> S C A
 + 2.75 - 0.75 81 7
 + 2.50 - 0.75 76 8
 + 2.75 - 1.00 74 7
 <+ 2.50 - 0.75 76>

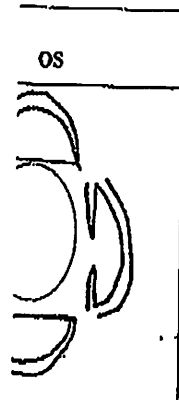
PD 65

<R> mm D deg
 <R1 7.82 43.25 123>
 <R2 7.70 43.75 33>
 <AVL 7.76 43.50 >
 <CYL - 0.50 123>

<L> mm D deg
 <R1 8.04 42.00 88>
 <R2 7.80 43.25 178>
 <AVE 7.92 42.50 >
 <CYL - 1.25 88>

NIDEK ARK-560A

SLIT LAMP EXAM:	OD wnt	OS wnt	COMMENTS
LIDS			Cox Spide
ADENEXA			
CONJUNCTIVA			
CORNEA			
ANT CHAMBER			
IRIS			
PUPILS			
LENS			



MOOD / AFFECT / ORIENTATION: WNL _____ ABNORMAL/COMMENTS _____

2019-11-15 16:43

NYC755 2127729220 >> 2125323301

P 4

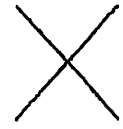
Name: Brown, Shirley D.O.B: 4/23/48 Age: _____Date: 7/11/19

FUNDUS	OD WNL	OS WNL	COMMENTS
DISC			
C/D			
VASC			
NFL			
MARGINS			
COLOR			
MACULA			
VESSELS			
PERIPHERY			
VITEROUS			

GONIOSCOPY

OD

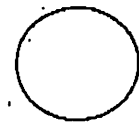
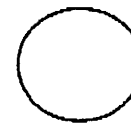
OS



DISCS

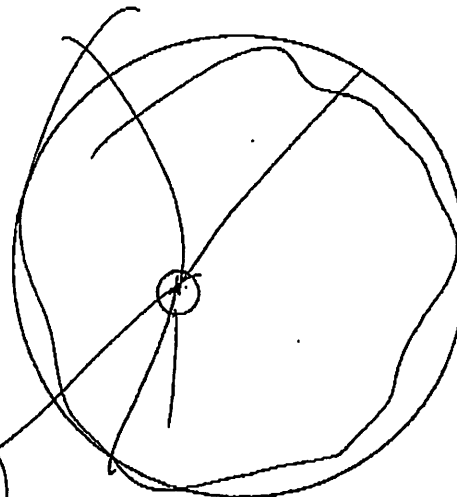
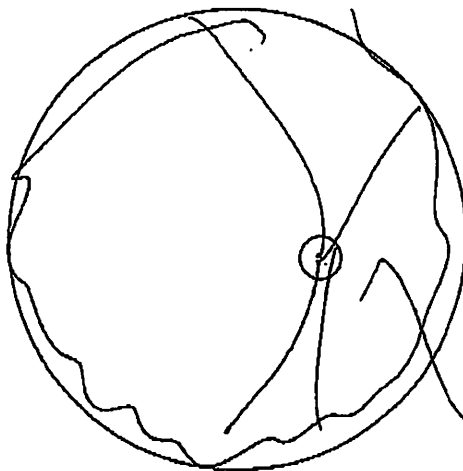
OD

OS

VOLK LENS ☒3 MIRROR LENS ☐INDIRECT OPHTHALMOSCOPY: ☒

OD

OS



IMPRESSION / DIAGNOSIS:

RX:

RV / FOLLOW UP PLAN: _____

MD SIGNATURE: _____

Handwritten notes:
 PVD
 ERM
 CSR

Handwritten notes:
 6 mm

2019-11-15 16:43

NYC755 2127729220 >> 2125323301

P 5

Name: Brown, Shirley Date: 12/18/18
 D.O.B: 4/23/48 Age: 70

Chief Complaint: _____

Tobacco use? _____

Pneumonia Vaccine Received? 65yrs and older

Medical History _____

Changes to medical history since last visit? _____

A: OD 4 PH _____
 OS 4 PH _____

W: OD _____ x _____ <L>
 OS _____ x _____
 ADD OD _____
 OS _____

(R) S C A
 + 2.00 - 1.00 140 6
 + 1.75 - 0.75 132 /
 + 2.00 - 1.00 138 6
 <+ 2.00 - 1.00 138>

A: OD 15
 OS 15 @ _____

REF: OD _____ x _____ <R>
 OS _____ x _____ <R1>
 ADD OD _____ <R2>
 OS _____ <AVE>
 <CYL>

PD 64

Dilation with Myd @ _____

Keratometry: OD _____ CCT: OD _____ PAM: <R1>
 OS _____ OS _____ PAM: <R2>
 <AVE>
 <CYL>

EOM: OD

OS

Ortho full

SLIT LAMP EXAM:	OD wnl	OS wnl	COMMENTS
LIDS			
ADENEXA			
CONJUNCTIVA			
CORNEA			
ANT CHAMBER			
IRIS			
PUPILS			
LENS			

Cont'd
 R7C

Brown Shirley
 TOPCON CL-200
 (R) S C A
 +3.50 +0.00 180
 PSM 0.00 ABBE
 0 BASE
 (L) S C A
 +3.50 +0.00 180
 PSM 0.00 ABBE
 0 BASE

TOPCON CL-200
 (R) S C A
 +1.50 +0.00 180
 ADD +2.00 ABBE
 PSM 3.00 272 BASE
 (L) S C A
 +1.50 +0.00 180
 ADD +2.00 ABBE
 PSM 2.50 270 BASE

MOOD/AFFECT/ORIENTATION: WNL. _____ ABNORMAL/COMMENTS: _____

Brown / clear

2019-11-15 16:43

NYC755 2127729220 >> 2125323301

P 6/42

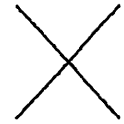
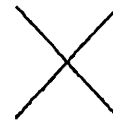
Name: Brown, Shirley D.O.B: 4/23/48 Age: _____Date: 12/18/18

FUNDUS	OD WNL	OS WNL	COMMENTS
DISC			
C/D			
VASC			
NFL			
MARGINS			
COLOR			
MACULA			
VESSELS			
PERIPHERY			
VITEROUS			

GONIOSCOPY

OD

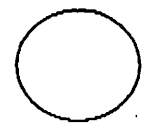
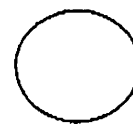
OS



DISCS

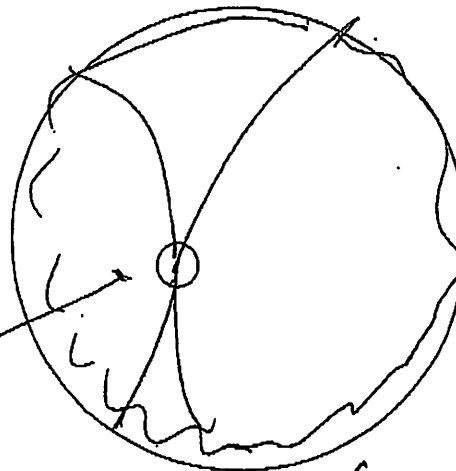
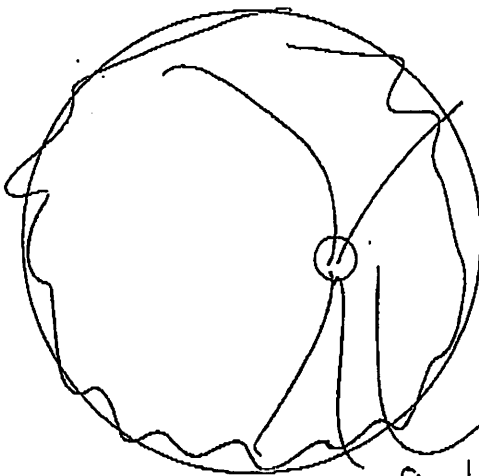
OD

OS

VOLK LENS ☒3 MIRROR LENS ☐INDIRECT OPHTHALMOSCOPY: ☒

OD

OS



IMPRESSION / DIAGNOSIS:

PVD
 CAT
 EM

RX:

G
 tem

RV/ FOLLOW UP PLAN: _____

MD SIGNATURE: _____

2019-11-15 16:44

NYC755 2127729220 >> 2125323301

P 7/42

Name: Brown, Shirley Date: 6/11/18
 D.O.B: 4/23/48 Age: _____

Chief Complaint: _____

Tobacco use? _____

Pneumonia Vaccine Received? 65yrs and older

Medical History _____

Changes to medical history since last visit? _____

Allergies

Medications

Systemic

Ocular

VA: OD PHOS PH

W: OD _____ x _____

OS _____ x _____

ADD OD _____ = _____

OS _____ = _____

TA: OD 16OS 16 @ _____

REF: OD _____ x _____

OS _____ x _____

ADD OD _____ = _____

OS _____ = _____

Dilation with _____ @ _____

Keratometry: OD _____

CCT: OD _____ PAM: O

OS _____

OS _____ PAM: O

EOM: OD

OS

SLIT LAMP EXAM:	OD	OS
	wnl	wnl
LIDS		
ADENEXA		
CONJUNCTIVA		
CORNEA		
ANT CHAMBER		
IRIS		
PUPILS		
LENS		

COMMENTS

6/12/18
 TOPCON CL-200
 <R> S C A
 +3.50 +0.00 180 ABBE
 PSM 0.00 0 BASE
 <L> S C A
 +3.50 +0.00 180 ABBE
 PSM 0.00 0 BASE

PD 64

<R> mm D deg
 <R1> 7.83 43.00 147>
 <R2> 7.66 44.00 57>
 <AVL> 7.75 43.50 >
 <CYL> - 1.00 147>

<L> mm D deg
 <R1> 7.94 42.50 81>
 <R2> 7.81 43.25 171>
 <AVL> 7.88 42.75 >
 <CYL> - 0.75 81>

NIDEK ARK-560A

MOOD/AFFECT/ORIENTATION: WNL _____

Brown, Shirley

2019-11-15 16:44

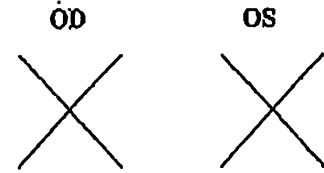
NYC755 2127729220 >> 2125323301

P 8/42

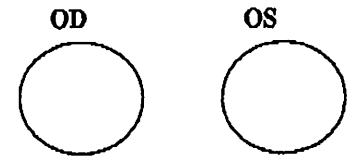
Name: Brown, Shirley D.O.B: 4/23/48 Age: _____Date: 6/11/18

FUNDUS	OD WNL	OS WNL	COMMENTS
DISC			
C/D			
VASC			
NFL			
MARGINS			
COLOR			
MACULA			
VESSELS			
PERIPHERY			
VITEROUS			

GONIOSCOPY

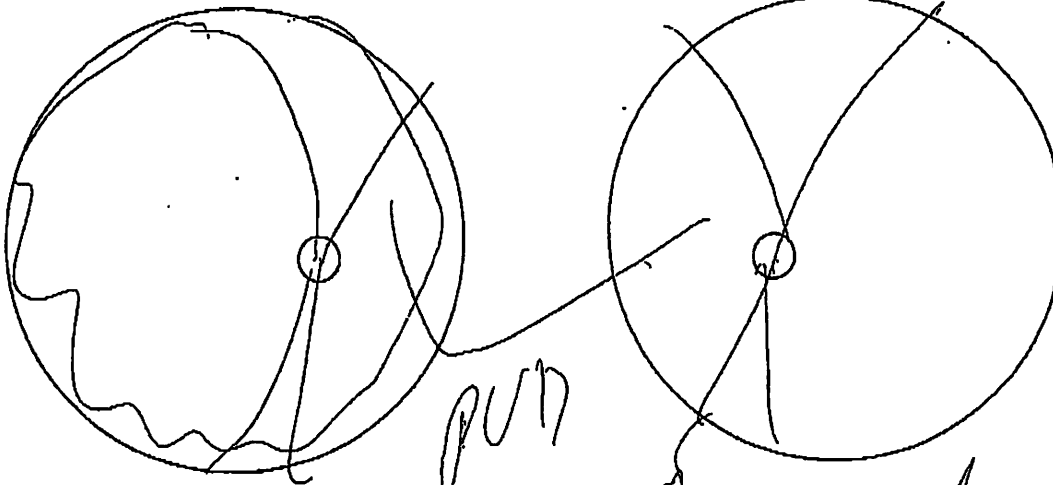


DISCS

VOLK LENS ☒3 MIRROR LENS ☐INDIRECT OPHTHALMOSCOPY: ☒

OD

OS



IMPRESSION / DIAGNOSIS:

RX: Gl

RV/ FOLLOW UP PLAN: _____

MD SIGNATURE: IK

2019-11-15 16:44

NYC755 2127729220 >> 2125323301

P 9/42

Name: Brown, ShirleyDate: 11/30/17D.O.B: 4/23/48 Age: _____

Chief Complaint: _____

Tobacco use? _____

Pneumonia Vaccine Received? 65yrs and older

Medical History _____

Changes to medical history since last visit? _____

VAP OD PH OS PH

W: _____

OD _____

OS _____

ADD OD _____

OS _____

TA: OD _____

OS _____ @ _____

REF: OD _____

OS _____

ADD OD _____

OS _____

Dilation with _____

@ _____

Keratometry: OD _____

CCT: OD _____

OS _____

OS _____

EOM: OD _____

OS _____

NAME Brown, Shirley INS Ocular

NOV/30/2017 09:04 AM

VD=13.75mm

(P)	S	C	A
+	2.50	- 1.00	117 /
+	2.50	- 1.00	118 7
+	2.25	1.00	125 6
<+	2.50	- 1.00	118>

(I)	S	C	A
+	2.50	- 0.50	89 8
+	2.50	- 0.75	91 8
+	2.50	- 0.75	93 8
<+	2.50	- 0.75	91>

PD 64

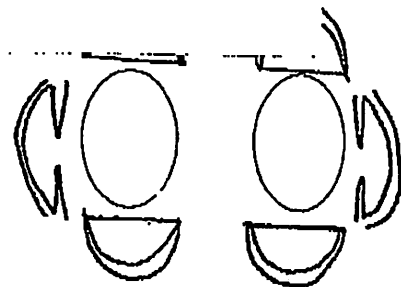
(R)	mm	D	deg
<R1	7.86	43.00	130>
<R2	7.70	43.75	40>
<AVE	7.78	43.50	>
<CYL	- 0.75	130>	

(I)	mm	D	deg
<R1	7.90	42.75	94>
<R2	7.79	43.25	4>
<AVE	7.85	43.00	>
<CYL	- 0.50	94>	

SLIT LAMP EXAM:	OD wnl	OS wnl	COMMENTS
LIDS			
ADENEXA			
CONJUNCTIVA			
CORNEA			
ANT CHAMBER			
IRIS			
PUPILS			
LENS			

NIDEK ARK-560A

S



MOOD / AFFECT / ORIENTATION: WNL _____ ABNORMAL/COMMENTS _____

2019-11-15 16:45

NYC755 2127729220 >> 2125323301

P 10/42

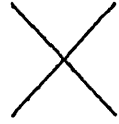
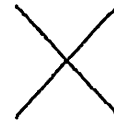
Name: Brown, Shirley D.O.B: 4/23/48 Age: _____Date: 11/30/17

FUNDUS	OD WNL	OS WNL	COMMENTS
DISC			
C/D			
VASC			
NFL			
MARGINS			
COLOR			
MACULA			
VESSELS			
PERIPHERY			
VITEROUS			

GONIOSCOPY

OD

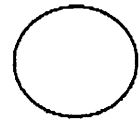
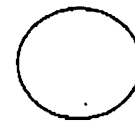
OS



DISCS

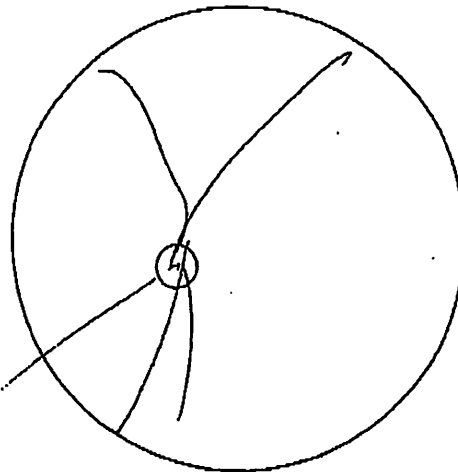
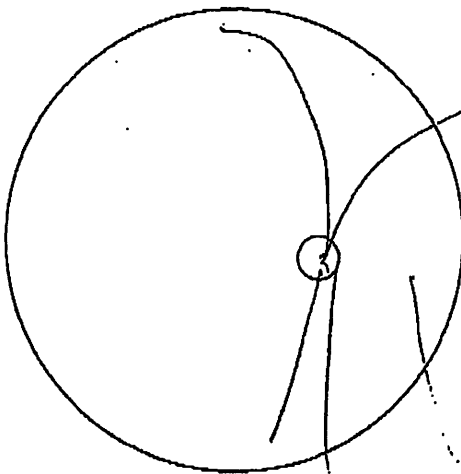
OD

OS

VOLK LENS ☐3 MIRROR LENS ☐INDIRECT OPHTHALMOSCOPY: ☒

OD

OS



IMPRESSION / DIAGNOSIS:

RX:

RV/ FOLLOW UP PLAN: _____

MD SIGNATURE: _____

Handwritten notes:
 PVA
 OAG
 suspect

Handwritten signature: [Signature]

2019-11-15 16:45

NYC755 2127729220 >> 2125323301

P 11/42

Date: 11/14/17

Name: Brown, Shirley D.O.B: 4/23/48 Age: 69

Chief Complaint: f/28/17 grand M

Tobacco use? Concussion temporary

Pneumonia Vaccine Received? 65yrs and older

Medical History Neck pain, hip pain

Changes to medical history since last visit? 1st of May 2017

Allergies DX'd Concussion 10/10

Medications

Systemic

Ocular

VA: OD 20/40 PH 12 W: OD 20/40 OS 20/40 PH 12

TA: OD 20/40 OS 20/40

Dilation with 1/1/1

Keratometry: OD 7.83 43.00 140 OS 7.70 43.75 50

EOM: OD 7.77 43.50 OS 7.97 42.25

REF: 11/14/17

TOPCON CL-200

<R> S C A
+3.50 +0.00 180
ABBE
REF: PSM 0.00 0 BASE

<L> S C A
+3.50 +0.00 180
ABBE
PSM 0.25 181 BASE

<R> S C A
+ 2.25 - 0.75 118 7
+ 2.00 - 0.50 118 7
+ 2.25 - 0.50 120 7
+ 2.25 - 0.50 118

<L> S C A
+ 2.75 - 0.50 74 7
+ 2.75 - 0.50 66 7
+ 2.75 - 0.50 66 7
+ 2.75 - 0.50 66

PD 63

<R> mm D deg
<R1> 7.83 43.00 140
<R2> 7.70 43.75 50
<AVE> 7.77 43.50
<CYL> - 0.75 140

<L> mm D deg
<L1> 8.07 41.75 73
<L2> 7.86 43.00 163
<AVE> 7.97 42.25
<CYL> - 1.25 73

TOPCON CL-200

<R> S C A
+1.50 +0.00 180
ABBE
ADD +1.50
PSM 3.00 271 BASE

<L> S C A
+1.50 +0.00 180
ABBE
ADD +1.50
PSM 2.75 265 BASE

SLIT LAMP EXAM:	OD wvl	OS wvl	COMMENTS
LIDS			
ADENEXA			
CONJUNCTIVA			
CORNEA			
ANT CHAMBER			
IRIS			
PUPILS			
LENS			

1-27
Cont D

MOOD/AFFECT/ORIENTATION: WNL _____ ABNORMAL/COMMENTS _____

2019-11-15 16:45

NYC755 2127729220 >> 2125323301

P 12/42

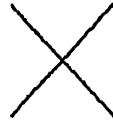
Name: Brown, Shirley D.O.B: 4/22/48 Age: _____Date: 11/14/17

FUNDUS	OD WNL	OS WNL	COMMENTS
DISC			
C/D			
VASC			
NFL			
MARGINS			
COLOR			
MACULA			
VESSELS			
PERIPHERY			
VITEROUS			

GONIOSCOPY

OD

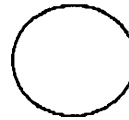
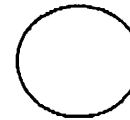
OS



DISCS

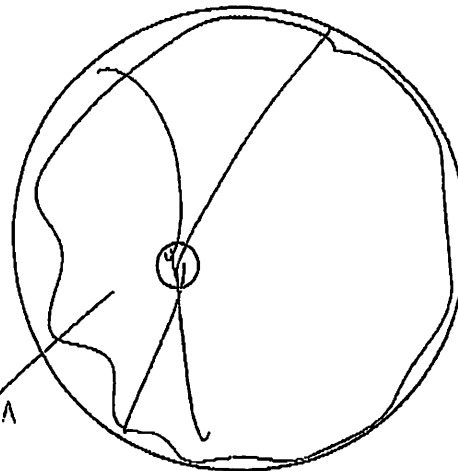
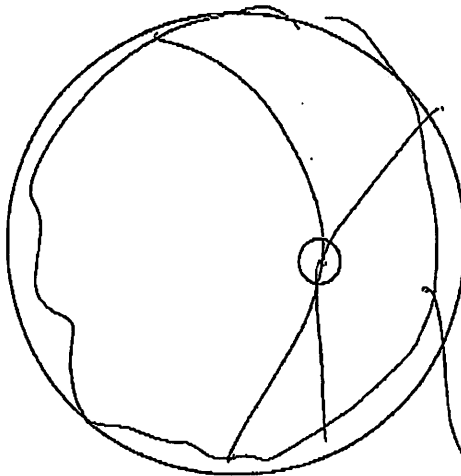
OD

OS

VOLK LENS ☒3 MIRROR LENS ☐INDIRECT OPHTHALMOSCOPY: ☒

OD

OS



IMPRESSION / DIAGNOSIS:

RX:

RV/ FOLLOW UP PLAN:

MD SIGNATURE:

Handwritten notes:

SHMU 17

7-11-18

Concussion

C4H1

MD SIGNATURE: [Signature]

2019-11-15 16:46

NYC755 2127729220 >> 2125323301

P 13/42

STRATUS OCT
Retinal Thickness Tabular Output Report - 4.0.5 (0076)

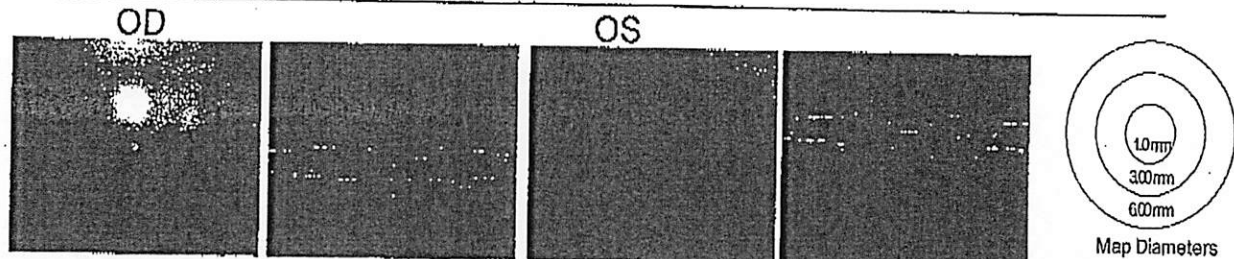

Brown, Shirley

Scan Type: Fast Macular Thickness Map

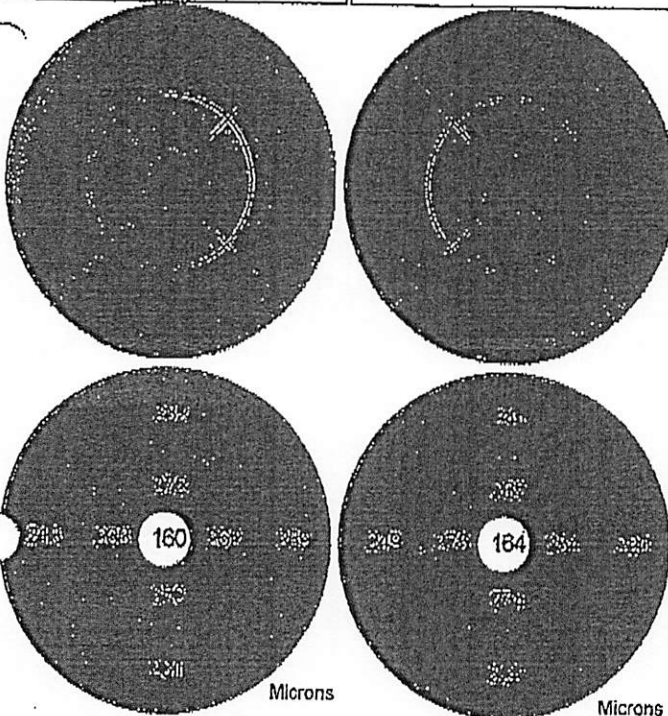
DOB: 4/23/1948, ID: NA, Female

Scan Date: 7/11/2019

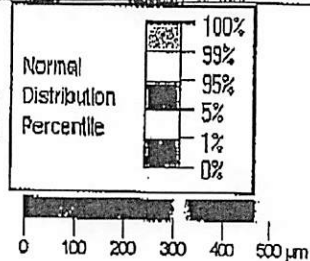
Scan Length: 6.0 mm



Signal Strength (Max 10)	4	Signal Strength (Max 10)	8
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Parameter	OD	OS	Diff (OD-OS)
Thickness			
Foveal minimum	128	128	-6
Foveal	160	184	-4
Temporal inner macula	9	9	9
Superior inner macula	5	5	5
Nasal inner macula	-13	-13	-13
Inferior inner macula	-1	-1	-1
Temporal outer macula	-7	-7	-7
Superior outer macula	-9	-9	-9
Nasal outer macula	10	10	10
Inferior outer macula	9	9	9
Superior inner/outer	-0.082	-0.082	-0.082
Temporal/Nasal inner	0.080	0.080	0.080
Temporal/Nasal outer	-0.062	-0.062	-0.062
Edvans	0.125	0.128	-0.004
Temporal inner macula	0.014	0.014	0.014
Superior inner macula	0.008	0.008	0.008
Nasal inner macula	-0.020	-0.020	-0.020
Inferior inner macula	0.000	0.000	0.000
Temporal outer macula	-0.035	-0.035	-0.035
Superior outer macula	-0.044	-0.044	-0.044
Nasal outer macula	0.050	0.050	0.050
Inferior outer macula	0.048	0.048	0.048
Total macula volume	0.018	0.018	0.018



Signature:

Physician: Kenneth Barasch, M.D.

2019-11-15 16:46

NYC755 2127729220 >> 2125323301

P 14/42

2019-11-15 16:46

NYC755 2127729220 >> 2125323301

P 15/42

STRATUS OCT

Retinal Thickness Tabular Output Report - 4.0.5 (0076)

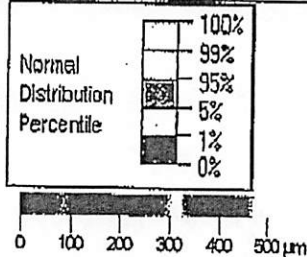
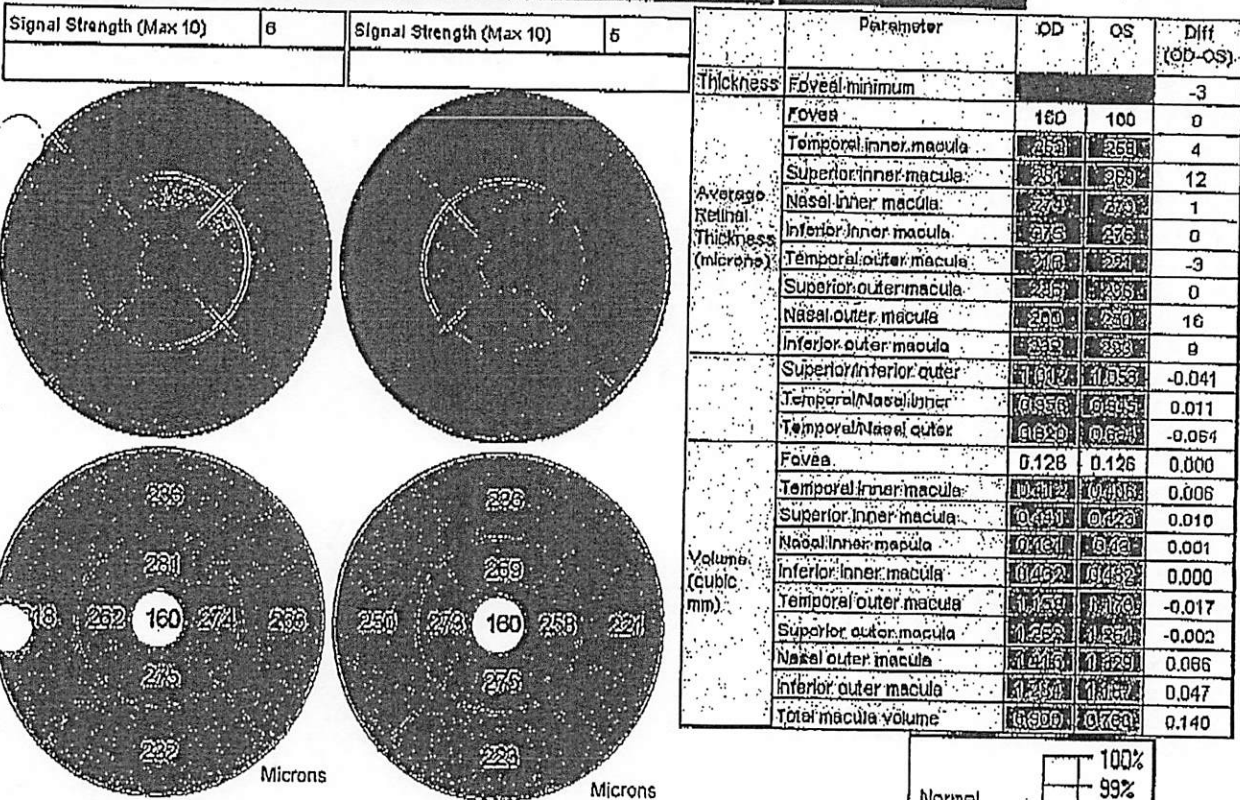
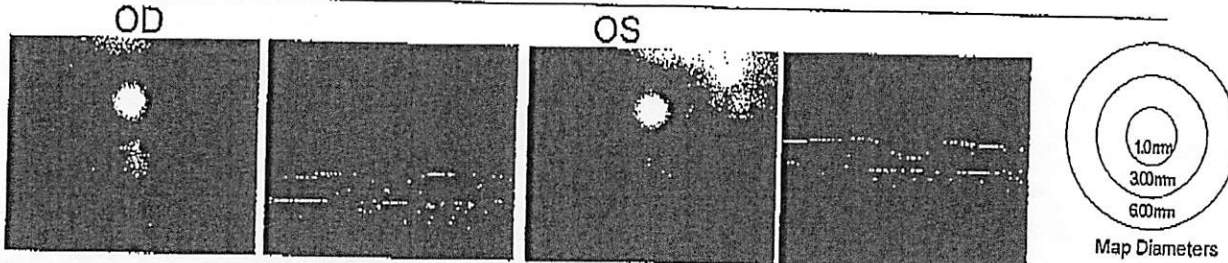
Brown, Shirley

Scan Type: Fast Macular Thickness Map

DOB: 4/23/1948, ID: NA, Female

Scan Date: 12/18/2018

Scan Length: 6.0 mm



Signature:

Physician: Kenneth Barasch, M.D.

2019-11-15 16:47

NYC755 2127729220 >> 2125323301

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2019-11-15 16:47

NYC755 2127729220 >> 2125323301

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STRATUS OCT Retinal Thickness Tabular Output Report - 4.0.5 (0076)

Borchard, William

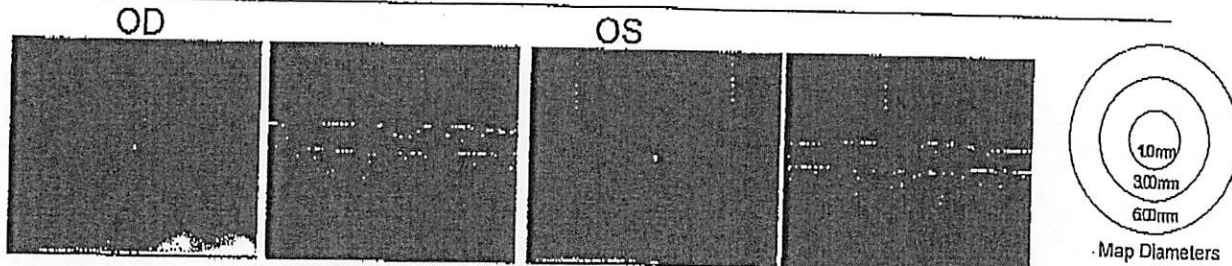


Scan Type: Fast Macular Thickness Map

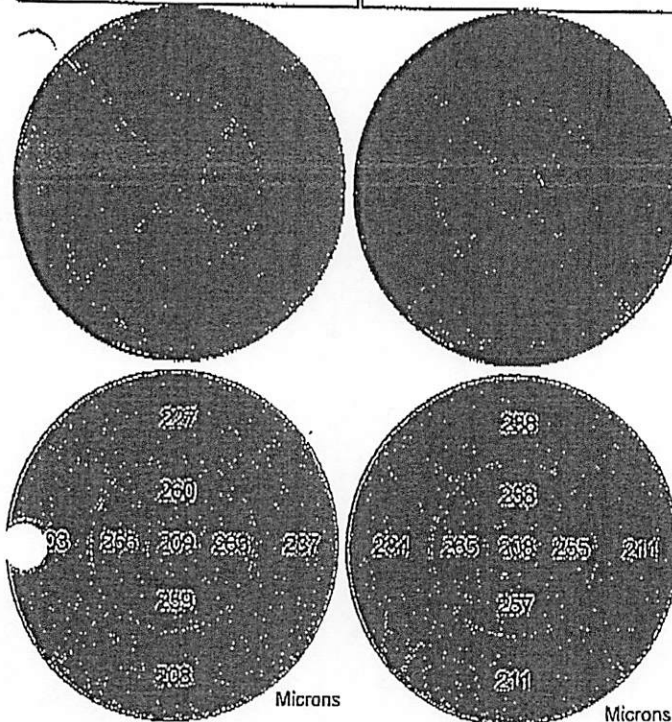
Scan Date: 12/18/2018

Scan Length: 6.0 mm

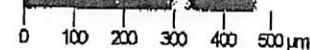
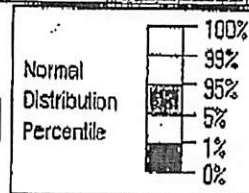
DOB: 11/19/1938, ID: #24432, Male



Signal Strength (Max 10)	8	Signal Strength (Max 10)	8
--------------------------	---	--------------------------	---



Parameter	OD	OS	Diff (OD-OS)
Thickness			
Foveal minimum	244	244	4
Fovea	255	255	1
Temporal inner macula	255	255	1
Superior inner macula	250	250	2
Nasal inner macula	249	249	-2
Inferior inner macula	250	257	2
Temporal outer macula	244	241	-8
Superior outer macula	227	234	-11
Nasal outer macula	237	234	3
Inferior outer macula	248	244	-3
Superior/inferior outer	1.091	1.123	-0.037
Temporal/Nasal inner	0.973	0.992	0.011
Temporal/Nasal outer	0.937	0.902	-0.045
Volume (cubic mm)			
Fovea	0.164	0.164	0.001
Temporal inner macula	0.402	0.401	0.001
Superior inner macula	0.408	0.405	0.004
Nasal inner macula	0.413	0.417	-0.004
Inferior inner macula	0.407	0.404	0.003
Temporal outer macula	1.074	1.119	-0.041
Superior outer macula	1.204	1.253	-0.059
Nasal outer macula	1.257	1.244	0.017
Inferior outer macula	1.105	1.123	-0.015
Total macula volume	0.642	0.600	-0.093



Signature: _____

Physician: Kenneth Barasch, M.D.

2019-11-15 16:48

NYC755 2127729220 >> 2125323301

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2019-11-15 16:48

NYC755 2127729220 >> 2125323301

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STRATUS OCT RNFL Thickness Average Analysis Report - 4.0.5 (0076)

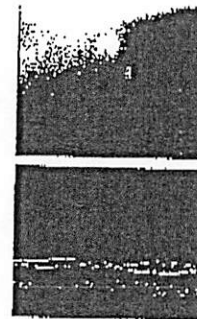
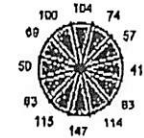
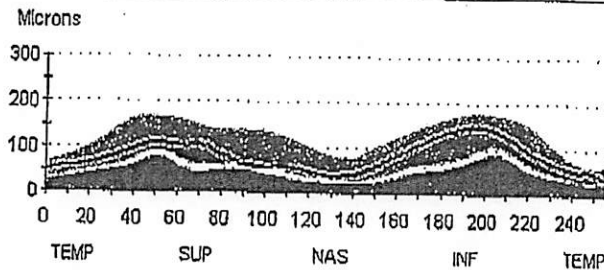
Brown, Shirley

Scan Type: Fast RNFL Thickness (3.4)

Scan Date: 6/12/2018

DOB: 4/23/1948, ID: NA, Female

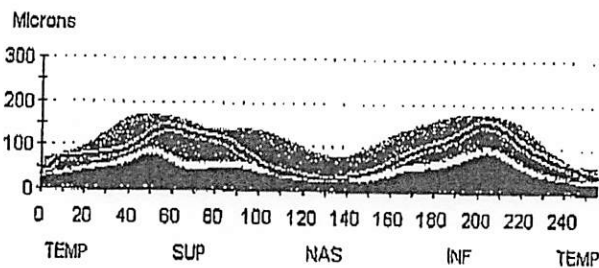
Scan Length: 10.87 mm



OD

Signal Strength (Max 10)

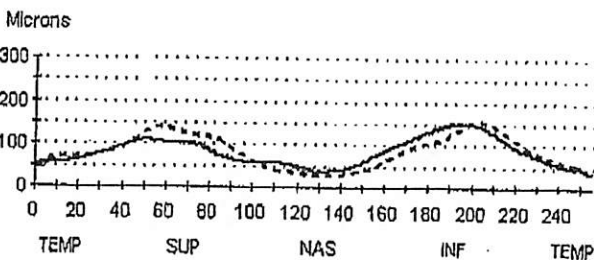
8



OS

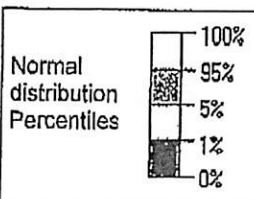
Signal Strength (Max 10)

6



OD ----- OS

OD	Scans used	1, 2, 3
OS	Scans used	1, 2, 3



	OD (N=3)	OS (N=3)	OD-OS
lmax/smax	1.38	1.10	0.28
smax/lmax	0.72	0.91	-0.18
smax/tavg	1.80	2.15	-0.36
lmax/tavg	2.49	2.37	0.11
smax/navg	2.03	3.52	-1.49
Max-Min	113.00	127.00	-14.00
Smax	109.00	141.00	-32.00
lmax	151.00	165.00	-14.00
Savg	93.00	114.00	-21.00
lavg	125.00	118.00	7.00
Avg.Thick	83.06	84.19	-1.13

Signature:

Physician: Kenneth Barasch, M.D.

2019-11-15 16:48

NYC755 2127729220 >> 2125323301

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SINGLE FIELD ANALYSIS

NAME: BROWN, SHIRLEY
 ID: 2878

EYE: RIGHT

DOB: 04-23-1948

CENTRAL 24-2 THRESHOLD TEST

FIXATION MONITOR: GAZE/BLIND SPOT

FIXATION TARGET: CENTRAL

FIXATION LOSSES: 1/11

FALSE POS ERRORS: 0 %

FALSE NEG ERRORS: 6 %

TEST DURATION: 04:15

STIMULUS: III, WHITE

BACKGROUND: 31.5 ASD

STRATEGY: SIZE-FAST

PUPIL DIAMETER: 3.8 MM

VISUAL ACUITY: 20/50

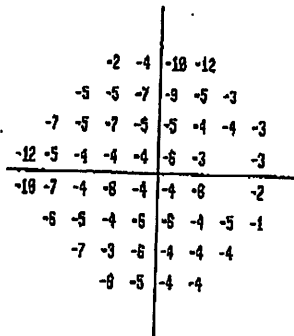
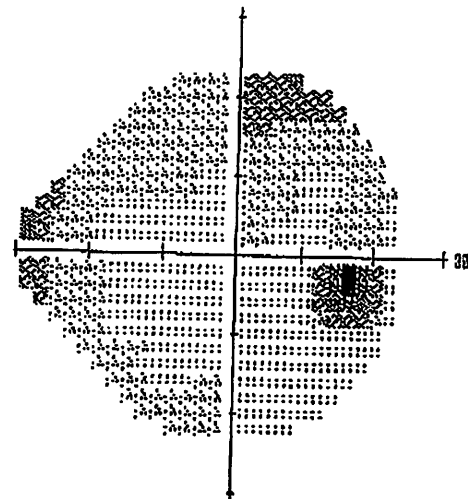
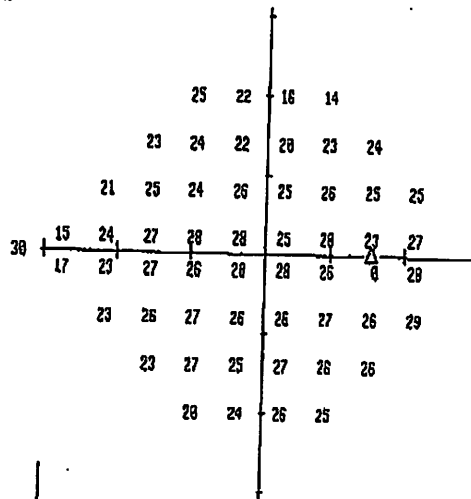
RX: DS DC X

DATE: 11-30-2017

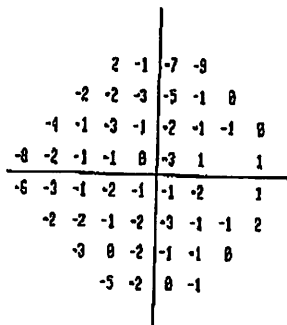
TIME: 10:03 AM

AGE: 69

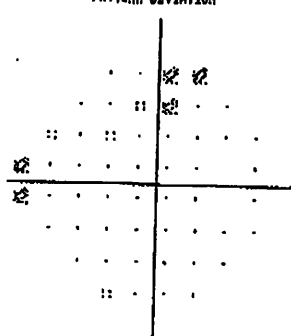
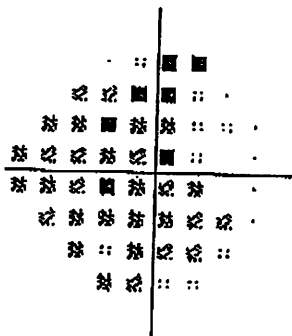
FOVEA: OFF



TOTAL DEVIATION



PATTERN DEVIATION



:: < 5%
 :: < 2%
 :: < 1%
 :: < 0.5%

GHT

GENERAL REDUCTION OF SENSITIVITY

VFI 66%

MD -5.02 DB P < 1%

PSD 1.97 DB P < 5%

ROBERT A. DITKOFF, N.D., PC.
 755 PARK AVENUE
 NEW YORK, NY 10021
 212-772-2800

2019-11-15 16:49

NYC755 2127729220 >> 2125323301

P 22/42

2019-11-15 16:49

NYC755 2127729220 >> 2125323301

P 23/42

SINGLE FIELD ANALYSIS

NAME: BROWN, SHIRLEY
ID: 2978

EYE: LEFT

DOB: 04-23-1948

CENTRAL 24-2 THRESHOLD TEST

FIXATION MONITOR: GAZE/BLIND SPOT

FIXATION TARGET: CENTRAL

FIXATION LOSSES: 4/11 NH

FALSE POS ERRORS: 0 %

FALSE NEG ERRORS: 0 %

TEST DURATION: 03:34

FOVEA: OFF

STIMULUS: III, WHITE

BACKGROUND: 31.5 ASB

STRATEGY: SITA-FAST

PUPIL DIAMETER: 3.0 MM

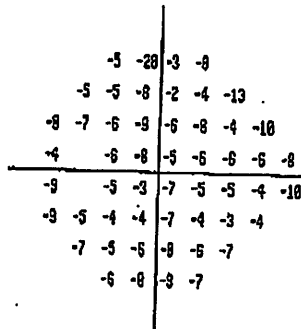
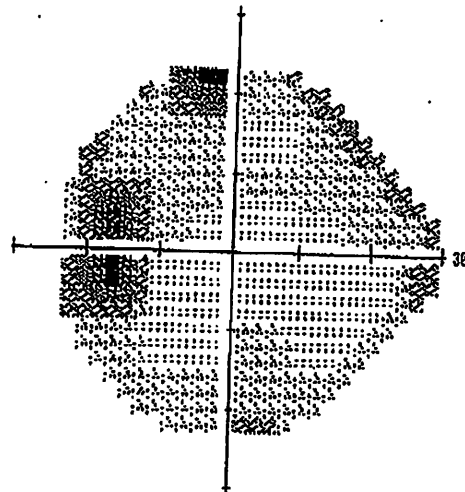
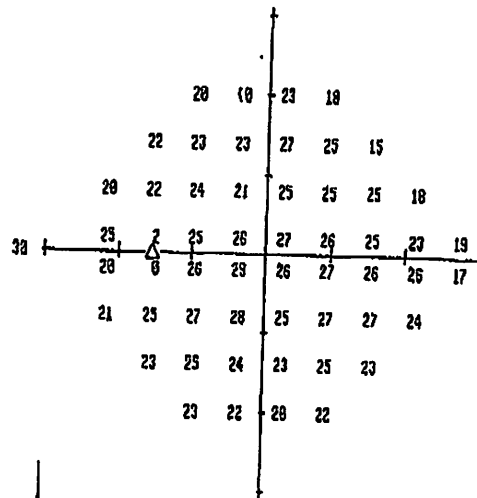
VISUAL ACUITY: 20/40

RX: DS DC X

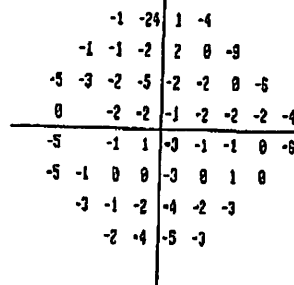
DATE: 11-30-2017

TIME: 10:09 AM

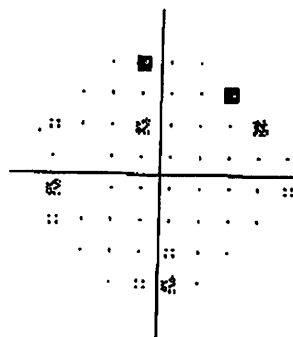
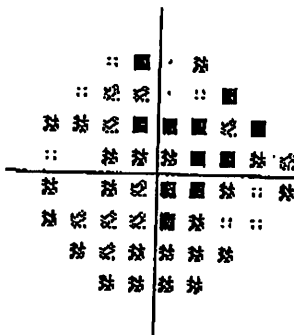
AGE: 69



TOTAL DEVIATION



PATTERN DEVIATION



:: (5%
 :: (2%
 :: (1%
 :: (0.5%

+++ LOW TEST RELIABILITY +++

GHT

BORDERLINE/GENERAL REDUCTION

VFI 95%

MD -6.25 DB P < 0.5%

PSD 3.22 DB P < 1%

ROBERT A. DITKOFF, H.O., PC.
 755 PARK AVENUE
 NEW YORK, NY 10021
 212-772-2860

2019-11-15 16:50

NYC755 2127729220 >> 2125323301

P' 24/42

2019-11-15 16:50

NYC755 2127729220 >> 2125323301

P 25/42

Shirley Brown - 2878

Receipt#: 14483

Dated: 11-15-2019



ITEMIZED CHARGES

Dated : 11-15-2019

Robert R. Dittkoff MD. PC
 755 Park Avenue
 New York, NY 10021
 Telephone #212-772-2800
 Fax #212-772-9220
 Tax ID #133034510

Shirley C Brown
 2289 5th Avenue, Apt 10M
 New York, NY, 10037

Patient ID : 2878
 Patient Phone # :
 Other Phone # : 917-873-9803
 Receipt # : 14483
 Primary Ins : National Government Services
 Secondary Ins : GHI

Date	Description	Unit	Physician	Charges	Payment	Adjustment	Balance
11-14-2017	[92014] Ophth. Comp. Est.	1.00	Kenneth Baras..	\$225.00	\$135.48		
11-30-2017	Paid : Medicare				\$107.94		
11-30-2017	Write off : Medicare					\$2.20	
11-30-2017	Write Off : National G...					\$87.32	
12-13-2017	Paid : GHI2				\$27.54		\$0.00
	[h25.13]						
	[h35.373]						
	[h43.393]						
	[h43.813]						
11-14-2017	[92226] Ophth Ext. Sub.	1.00	Kenneth Baras..	\$200.00	\$53.88		
11-30-2017	Paid : Medicare				\$42.93		
11-30-2017	Write off : Medicare					\$0.88	
11-30-2017	Write Off : National G...					\$145.24	
12-13-2017	Paid : GHI2				\$10.95		\$0.00
	[h43.393]						
	[h43.813]						
11-14-2017	[92134] OCT	1.00	Kenneth Baras..	\$250.00	\$45.12		
11-30-2017	Paid : Medicare				\$35.95		
11-30-2017	Write off : Medicare					\$0.73	
11-30-2017	Write Off : National G...					\$204.15	
12-13-2017	Paid : GHI2				\$9.17		\$0.00
	[h35.373]						

Payment History

11-30-2017	Insurance	Medicare - EFT# 898937610	\$107.94
11-30-2017	Insurance	Medicare - EFT# 898937610	\$42.93
11-30-2017	Insurance	Medicare - EFT# 898937610	\$35.95
12-13-2017	Insurance	GHI2 - EFT# 1523862	\$27.54
12-13-2017	Insurance	GHI2 - EFT# 1523862	\$10.95
12-13-2017	Insurance	GHI2 - EFT# 1523862	\$9.17

Total Approved Procedure Cost: \$238.29

Total Applied to Procedures: \$234.48

Balance: \$0.00

2019-11-15 16:50

NYC755 2127729220 >> 2125323301

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2019-11-15 16:50

NYC755 2127729220 >> 2125323301

P 27/42

Shirley Brown - 2878

Receipt#: 14483

Dated: 11-16-2019

Account Balance Summary							
	0 - 30	31 - 60	61 - 90	91 - 120	121 - 150	151 - 180	Total
Patient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

2019-11-15 16:51

NYC755 2127729220 >> 2125323301

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2019-11-15 16:51

NYC755 2127729220 >> 2125323301

P 29/42

Shirley Brown - 2878

Receipt#: 15389

Dated: 11-15-2019



ITEMIZED CHARGES

Dated : 11-15-2019

Robert R. Dittkoff MD. PC
 755 Park Avenue
 New York, NY 10021
 Telephone #212-772-2800
 Fax #212-772-9220
 Tax ID #133034510

Shirley C Brown
 2289 5th Avenue, Apt 10M
 New York, NY, 10037

Patient ID : 2878
 Patient Phone # :
 Other Phone # : 917-873-9803
 Receipt # : 15389
 Primary Ins : National Government Services
 Secondary Ins : GHI

Date	Description	Unit	Physician	Charges	Payment	Adjustment	Balance
11-30-2017	[82083] Visual Field	1.00	Kenneth Baras..	\$150.00	\$71.45		
12-18-2017	Paid : Medicare				\$56.93		
12-18-2017	Write off : Medicare					\$1.16	
12-18-2017	Write Off : National G...					\$77.39	
12-27-2017	Paid : GHI2				\$14.52		\$0.00
	[h40.003]						

Payment History

12-18-2017	Insurance	Medicare - EFT# 899039153	\$56.93
12-27-2017	Insurance	GHI2 - EFT# 1666944	\$14.52

Total Approved Procedure Cost:	\$72.61
Total Applied to Procedures:	\$71.45
Balance:	\$0.00

Account Balance Summary

	0 - 30	31 - 60	61 - 90	91 - 120	121 - 150	151 - 180	Total
Patient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

2019-11-15 16:51

NYC755 2127729220 >> 2125323301

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2019-11-15 16:52

NYC755 2127729220 >> 2125323301

P 31/42

Shirley Brown - 2878

Receipt#: 25297

Dated: 11-15-2019



ITEMIZED CHARGES

Dated : 11-15-2019

Robert R. Dittkoff MD, PC
755 Park Avenue
New York, NY 10021
Telephone #212-772-2800
Fax #212-772-9220
Tax ID #133034510

Shirley C Brown
2289 5th Avenue, Apt 10M
New York, NY, 10037

Patient ID : 2878
Patient Phone # :
Other Phone # : 917-873-9803
Receipt # : 25297
Primary Ins : National Government Services
Secondary Ins : Ghi

Date	Description	Unit	Physician	Charges	Payment	Adjustment	Balance
06-12-2018	[92014] Ophth. Comp. Est.	1.00	Kenneth Baras..	\$225.00	\$139.40		
06-28-2018	Paid : Medicare				\$111.07		
06-28-2018	Write off : Medicare					\$2.27	
06-28-2018	Write Off : National G...					\$83.33	
07-11-2018	Paid : GHI2				\$28.33		\$0.00
	[H40.003] GLAUCOMA SUSPECT						
	[H43.393] VITREOUS OPACITIES, OTHER						
	[H43.813] VITREOUS DEGENERATION						
06-12-2018	[92228] Ophth Ext. Sub.	1.00	Kenneth Baras..	\$200.00	\$54.99		
06-28-2018	Paid : Medicare				\$43.81		
06-28-2018	Write off : Medicare					\$0.89	
06-28-2018	Write Off : National G...					\$144.12	
07-11-2018	Paid : GHI2				\$11.18		\$0.00
	[H43.393] VITREOUS OPACITIES, OTHER						
	[H43.813] VITREOUS DEGENERATION						
06-12-2018	[92133] OCT RNFL	1.00	Kenneth Baras..	\$250.00	\$41.92		
06-28-2018	Paid : Medicare				\$33.40		
06-28-2018	Write off : Medicare					\$0.68	
06-28-2018	Write Off : National G...					\$207.40	
07-11-2018	Paid : GHI2				\$8.52		\$0.00
	[H40.003] GLAUCOMA SUSPECT						

Payment History

Date	Insurance	Medicare - EFT# 800231435	Balance
06-28-2018	Insurance	Medicare - EFT# 800231435	\$111.07
06-28-2018	Insurance	Medicare - EFT# 800231435	\$43.81
06-28-2018	Insurance	Medicare - EFT# 800231435	\$33.40
07-11-2018	Insurance	GHI2 - EFT# 1909044	\$28.33
07-11-2018	Insurance	GHI2 - EFT# 1909044	\$11.18
07-11-2018	Insurance	GHI2 - EFT# 1909044	\$8.52

Total Approved Procedure Cost: \$240.15
Total Applied to Procedures: \$236.31
Balance: \$0.00

2019-11-15 16:52

NYC755 2127729220 >> 2125323301

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2019-11-15 16:52

NYC755 2127729220 >> 2125323301

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Shirley Brown - 2878

Receipt#: 25297

Dated: 11-15-2019

Account Balance Summary							
	0 - 30	31 - 60	61 - 90	91 - 120	121 - 150	151 - 180	Total
Patient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

2019-11-15 16:52

NYC755 2127729220 >> 2125323301

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2019-11-15 16:53

NYC755 2127729220 >> 2125323301

P 35/42

Shirley Brown - 2878

Receipt#: 37027

Dated: 11-15-2019



ITEMIZED CHARGES

Dated : 11-15-2019

Robert R. Dittkoff MD, PC
 755 Park Avenue
 New York, NY 10021
 Telephone #212-772-2800
 Fax #212-772-9220
 Tax ID #133034510

Shirley C Brown
 2289 5th Avenue, Apt 10M
 New York, NY, 10037

Patient ID : 2878
 Patient Phone #:
 Other Phone # : 917-873-9803
 Receipt # : 37027
 Primary Ins : National Government Services
 Secondary Ins : Ghi

Date	Description	Unit	Physician	Charges	Payment	Adjustment	Balance
12-18-2018	[92014] Ophth. Comp. Est.	1.00	Kenneth Baras..	\$225.00	\$139.40		
01-03-2019	Paid : Medicare				\$111.07		
01-03-2019	Write off : Medicare					\$2.27	
01-03-2019	Write Off : National G...					\$83.33	
03-13-2019	Paid : GHI2				\$28.33		\$0.00
	[H25.13] AGE RELATED NUCLEAR CATARACT						
	[H35.373] PUCKERING OF MACULA						
	[H43.393] VITREOUS OPACITIES, OTHER						
	[H43.813] VITREOUS DEGENERATION						
12-18-2018	[92226] Ophth Ext. Sub.	1.00	Kenneth Baras..	\$200.00	\$54.99		
01-03-2019	Paid : Medicare				\$43.81		
01-03-2019	Write off : Medicare					\$0.89	
01-03-2019	Write Off : National G...					\$144.12	
03-13-2019	Paid : GHI2				\$11.18		\$0.00
	[H43.393] VITREOUS OPACITIES, OTHER						
	[H43.813] VITREOUS DEGENERATION						
12-18-2018	[92134] OCT	1.00	Kenneth Baras..	\$250.00	\$46.17		
01-03-2019	Paid : Medicare				\$36.79		
01-03-2019	Write off : Medicare					\$0.75	
01-03-2019	Write Off : National G...					\$203.08	
03-13-2019	Paid : GHI2				\$9.38		\$0.00
	[H35.373] PUCKERING OF MACULA						

Payment History

01-03-2019	Insurance	Medicare - EFT# 801396296	\$111.07
01-03-2019	Insurance	Medicare - EFT# 801396296	\$43.81
01-03-2019	Insurance	Medicare - EFT# 801396296	\$36.79
03-13-2019	Insurance	GHI2 - EFT# 02417237	\$28.33
03-13-2019	Insurance	GHI2 - EFT# 02417237	\$11.18
03-13-2019	Insurance	GHI2 - EFT# 02417237	\$9.38

Total Approved Procedure Cost: \$244.47

Total Applied to Procedures: \$240.56

Balance: \$0.00

2019-11-15 16:53

NYC755 2127729220 >> 2125323301

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2019-11-15 16:53

NYC755 2127729220 >> 2125323301

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Shirley Brown - 2878

Receipt#: 37027

Dated: 11-15-2019

Account Balance Summary							
	0 - 30	31 - 60	61 - 90	91 - 120	121 - 150	151 - 180	Total
Patient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

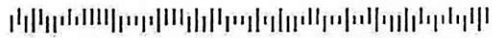
2019-11-15 16:54

NYC755 2127729220 >> 2125323301

P. 38/42




December 6, 2019



617 1 MB 0.428
***MIXED AADC 720 R:617 T:4 P:4 PC:4 F:1084801
LERNER ARNOLD & WINSTON, LLP
475 PARK AVE S FL 28
NEW YORK, NY 10016-6922

COPY
For Information Only

December 6, 2019

617 1 MB 0.428
***MIXED AADC 720 R:617 T:4 P:4 PC:4 F:1084801
SHIRLEY C BROWN


Beneficiary Name: BROWN, SHIRLEY C
Medicare ID: *****6415A
Case Identification Number: 20173 63090 00349
Date of Incident: August 28, 2017

THIS IS NOT A BILL. DO NOT SEND PAYMENT AT THIS TIME.

Subject: Beneficiary Conditional Payment Letter

Dear SHIRLEY C BROWN:

If we know you have a representative for this matter, we are sending him/her a copy of this letter. If you have any questions regarding this letter and are represented by an attorney or other individual in this matter, you may wish to talk to your representative before contacting us.



This letter follows a previous letter notifying you/your attorney of Medicare's priority right of recovery as defined under the Medicare Secondary Payer provisions. Conditional Medicare payments for Medicare Part A and Part B Fee-for-Service claims have been made that we believe are related to your case for the Date of Incident listed above. These conditional payments are subject to reimbursement to Medicare from proceeds you may receive pursuant to a settlement, judgment, award, or other payment.

As of the date of this letter, and based upon the available information, Medicare has identified \$1,667.46 in conditional payments that we believe are associated with your case. A listing of Part A and Part B Fee-for-Service claims that comprise this total is enclosed with this letter; please review this listing carefully and let us know as soon as possible if this list is incorrect or inaccurate.

If you believe the enclosed itemization of conditional payments is incomplete, inaccurate, or that you are not responsible for repaying Medicare for these payments, please provide written documentation along with an explanation to support your dispute/rebuttal, to the address listed below. Please include a description of the injury with your response. The following is a list of documents (not all inclusive) that could assist in processing your dispute/rebuttal request:

- Statute of limitations submitted by the insurer
- Physicians statement or discharge summary
- Independent medical exams
- Medical records
- Written statement defining similar injuries or pre-existing conditions

Please also be advised that we are still investigating this case file to obtain any other outstanding Medicare conditional payments; therefore, the enclosed listing of current conditional payments is not final. We request that you/your attorney refrain from sending any monies to Medicare prior to submission of settlement information and receipt of a demand/recovery calculation letter from our office. This will eliminate underpayments, overpayments, and/or associated delays. Once the case settles, please furnish our office with the information requested on the attached "Final Settlement Detail Document".

We have posted this conditional payment information under the "MyMSP" tab of the www.mymedicare.gov website. The information at www.mymedicare.gov will be updated weekly with any changes or newly processed claims. If you wish, you may track the medical expenses that were paid by Medicare, and if you have an attorney or other representative, provide him/her with this information. This may help you with finalizing your settlement.



If you have any questions concerning this matter, please contact the Benefits Coordination & Recovery Center (BCRC) by phone at 1-855-798-2627 (TTY/TDD: 1-855-797-2627 for the hearing and speech impaired), in writing at the address below, or by fax to 405-869-3309. When sending correspondence, please include the Beneficiary Name along with the Medicare ID and Case Identification Number (shown above).

Sincerely,

BCRC

CC: LERNER ARNOLD & WINSTON, LLP

Enclosures: Final Settlement Detail Document
Payment Summary Form



COPY



Final Settlement Detail Document

Beneficiary Name: BROWN, SHIRLEY C
 Medicare ID: *****6415A
 Date of Incident: August 28, 2017
 Case Identification Number: 20173 63090 00349

Please supply the information outlined below to help Medicare to properly calculate the amount it is due. This information will also be used to update your records.

Total Amount of the Settlement: _____

Total Amount of Med-Pay or PIP: _____

*** only if paid directly to the beneficiary
 or the beneficiary's representative*

Attorney Fee Amount Paid by the Beneficiary: _____

Additional Procurement Expenses Paid by the Beneficiary: _____
 (Please submit an itemized listing of these expenses)

Date the Case Was Settled: _____ / _____ / _____

Description of Injuries: _____

Name of person who is providing this information: _____

Relationship with the Beneficiary: _____

This information should be submitted to:

NGHP
 PO BOX 138832
 OKLAHOMA CITY, OK 73113

If you have any questions concerning this matter, please contact the Benefits Coordination & Recovery Center (BCRC) by phone at 1-855-798-2627 (TTY/TDD: 1-855-797-2627 for the hearing and speech impaired), in writing at the address below, or by fax to 405-869-3309. When sending correspondence, please include the Beneficiary Name along with the Medicare ID and Case Identification Number (shown above).



Payment Summary Form

Report Number: RMCAN - 5-5

Contractor: NGHP

Date: 12/06/2019

Time: 06:16:22

Page 5 of 6

Beneficiary Name: BROWN, SHIRLEY C

Beneficiary Medicare ID: *****6415A

Case ID: 20173 63090 00349

Case Type: L - Liability

Date of Incident: 08/28/2017

Reported Diagnosis Codes: S060X0A, S0990XA

TOS	ICN	Line #	Processing Contractor	Provider Name/NPI#	ICD Ind	***DX Codes	**HCPCS / DRG	From Date	To Date	Total Charges	Reimbursed Amount	Conditional Payment
40	21725402011007C AA	0	01011	UC SAN DIEGO HEALTH HILLCREST - HILLCREST MED CTR / 1184722779	ICD-10	R51, R200, S0990XA, W208XXA		08/29/2017	08/29/2017	\$5,235.00	\$406.90	\$406.90
40	21727001857107C AA	0	01011	UC SAN DIEGO HEALTH HILLCREST - HILLCREST MED CTR / 1184722779	ICD-10	G8911, S060X0D, V971XXD		09/08/2017	09/08/2017	\$1,980.81	\$395.13	\$395.13
40	21731701304904N YA	0	13001	NYU LANGONE HOSPITALS / 1275632895	ICD-10	G4452, G514, R200		11/10/2017	11/10/2017	\$162.26	\$8.58	\$8.58



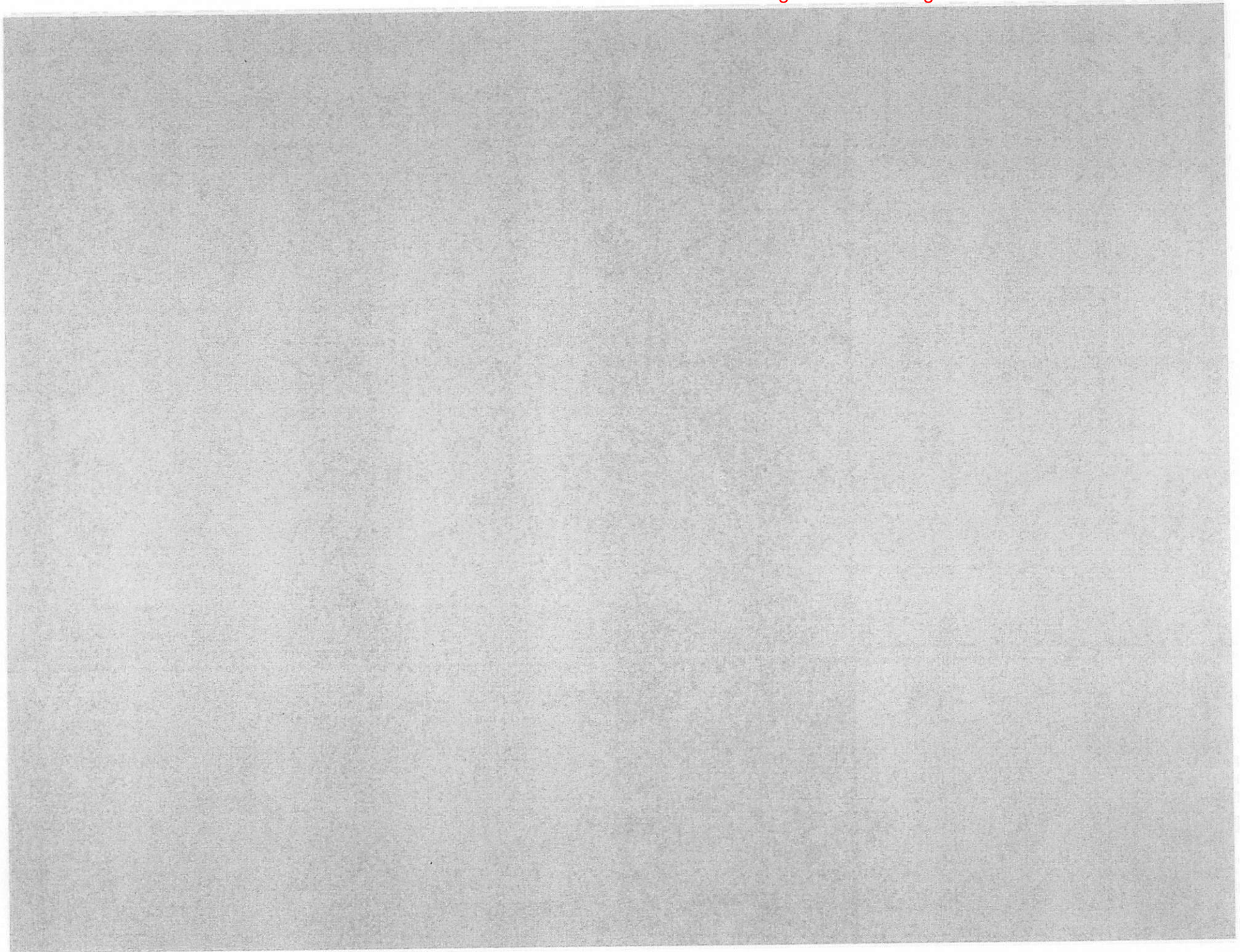


TOS	ICN	Line #	Processing Contractor	Provider Name/NPI#	ICD Ind	***DX Codes	**HCPCS / DRG	From Date	To Date	Total Charges	Reimbursed Amount	Conditional Payment
40	21733100490604N YA	0	13001	NYU LANGONE HOSPITALS / 1275632895	ICD-10	G4452, G514, R200		11/21/2017	11/21/2017	\$8,642.41	\$362.87	\$362.87
71	551117250431040	001	01182	NORBASH, ALEXANDER M / 1790752269	ICD-10	S0990XA, R200	H: 70450	08/29/2017	08/29/2017	\$436.00	\$35.14	\$35.14
71	551817251332400	001	01182	AMINLARI, AMIR H / 1316964380	ICD-10	R51, R200	H: 99284	08/29/2017	08/29/2017	\$477.00	\$88.37	\$88.37
71	551817263326740	002	01182	TOLIA, VAISHAL M / 1013198696	ICD-10	R51, S060X0D	H: 99282	09/08/2017	09/08/2017	\$168.00	\$31.18	\$31.18
71	751817297064440	001	13202	PILLAI, CINTHI / 1538435953	ICD-10	G4452, G514, R200	H: 99205	10/23/2017	10/23/2017	\$710.00	\$185.91	\$185.91
71	751117326905350	001	13202	SHEPHERD, TIMOTHY M / 1427108737	ICD-10	G4452, G514	H: 70553	11/21/2017	11/21/2017	\$2,660.00	\$102.05	\$102.05
71	751117341830480	001	13202	LAJOIE, JOSIANE M / 1003824046	ICD-10	G4452, G514, R200	H: 95812	11/29/2017	11/29/2017	\$265.00	\$51.33	\$51.33

**H - HCPCS Code, D - DRG Code

***Part-A Claim Primary Diagnosis Code is denoted in bold font

Sum of Total Charges	\$20,736.48
Total Reimbursed Amount	\$1,667.46
Total Conditional Payments	\$1,667.46



[This form has been approved by the New York State Department of Health]

* **Human Immunodeficiency Virus** that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.



AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

OCA Official Form No.: 960

[This form has been approved by the New York State Department of Health]

Patient Name SHIRLEY BROWN	Date of Birth [REDACTED]	Social Security Number [REDACTED]
Patient Address [REDACTED]		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form:

In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. This authorization may include disclosure of information relating to **ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
6. **THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).**

7. Name and address of health provider or entity to release this information: <u>US San Diego Health - 200 W. Harbor Drive, San Diego, CA 92103</u>	
8. Name and address of person(s) or category of person to whom this information will be sent: <u>Chan Grant, LLP - 101 Lexington Ave, Suite 101, N.Y., N.Y. 10010</u>	
9(a). Specific information to be released: <input checked="" type="checkbox"/> Medical Record from (insert date) <u>8/28/2017</u> to (insert date) <u>Present</u> <input type="checkbox"/> Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers. <input type="checkbox"/> Other: _____ Include: (Indicate by Initialing) <div style="text-align: right;"> <u>SB</u> Alcohol/Drug Treatment <u>SB</u> Mental Health Information <u>SB</u> HIV-Related Information </div>	
Authorization to Discuss Health Information (b) <input type="checkbox"/> By initialing here _____ I authorize _____ <div style="display: flex; justify-content: space-between;"> Initials Name of individual health care provider </div> to discuss my health information with my attorney, or a governmental agency, listed here: _____ (Attorney/Firm Name or Governmental Agency Name)	
10. Reason for release of information: <input type="checkbox"/> At request of individual <input checked="" type="checkbox"/> Other: <u>Litigation</u>	11. Date or event on which this authorization will expire: <u>End of Litigation</u>
12. If not the patient, name of person signing form:	13. Authority to sign on behalf of patient:

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

Shirley Brown
Signature of patient or representative authorized by law.

Date: 1/27/20

* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.



OCA Official Form No.: 960

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

[This form has been approved by the New York State Department of Health]

Patient Name SHIRLEY BROWN	Date of Birth [REDACTED]	Social Security Number [REDACTED]
Patient Address [REDACTED]		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form:

In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. This authorization may include disclosure of information relating to **ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
6. **THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).**

7. Name and address of health provider or entity to release this information: <u>NYU Health System / Dr. Delino - 240 E. 38th St. 20th FL, New York, N.Y. 10016</u>	
8. Name and address of person(s) or category of person to whom this information will be sent: <u>Chon & Grant LLP - 67 Lexington Ave Suite 16, New York, NY 10010</u>	
9(a). Specific information to be released:	
<input checked="" type="checkbox"/> Medical Record from (insert date) <u>8/23/2017</u> to (insert date) <u>Present</u> <input type="checkbox"/> Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers. <input type="checkbox"/> Other: _____ Include: (Indicate by Initialing) <div style="text-align: right; margin-right: 50px;"> <u>SB</u> Alcohol/Drug Treatment <u>SB</u> Mental Health Information <u>SB</u> HIV-Related Information </div>	
Authorization to Discuss Health Information (b) <input type="checkbox"/> By initialing here _____ I authorize _____ <div style="display: flex; justify-content: space-between;"> Initials Name of individual health care provider </div> to discuss my health information with my attorney, or a governmental agency, listed here: _____ (Attorney/Firm Name or Governmental Agency Name)	
10. Reason for release of information: <input type="checkbox"/> At request of individual <input checked="" type="checkbox"/> Other: Litigation	11. Date or event on which this authorization will expire: End of Litigation
12. If not the patient, name of person signing form:	13. Authority to sign on behalf of patient:

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

Shirley Brown
Signature of patient or representative authorized by law.

Date: 1/27/20

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OCA Official Form No.: 960

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

[This form has been approved by the New York State Department of Health]

Patient Name SHIRLEY BROWN	Date of Birth [REDACTED]	Social Security Number [REDACTED]
Patient Address [REDACTED]		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form:

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1. This authorization may include disclosure of information relating to **ALCOHOL** and **DRUG ABUSE**, **MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
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3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
6. **THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).**

7. Name and address of health provider or entity to release this information:

Dr. Kenneth R. Barasch - 755 Park Ave. New York, NY 10021

8. Name and address of person(s) or category of person to whom this information will be sent:

Chane Grant, LLP, 167 Lexington Ave, Suite 167, New York, NY 10010

9(a). Specific information to be released:

- ☒ Medical Record from (insert date) 8/28/2017 to (insert date) Present
- ☐ Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.

☐ Other: _____

Include: (Indicate by Initialing)

SB Alcohol/Drug Treatment
SB Mental Health Information
SB HIV-Related Information

Authorization to Discuss Health Information

- (b) ☐ By initialing here _____ I authorize _____
 Initials Name of individual health care provider
 to discuss my health information with my attorney, or a governmental agency, listed here:

(Attorney/Firm Name or Governmental Agency Name)

10. Reason for release of information:

- ☐ At request of individual
☒ Other: Litigation

11. Date or event on which this authorization will expire:

End of Litigation

12. If not the patient, name of person signing form:

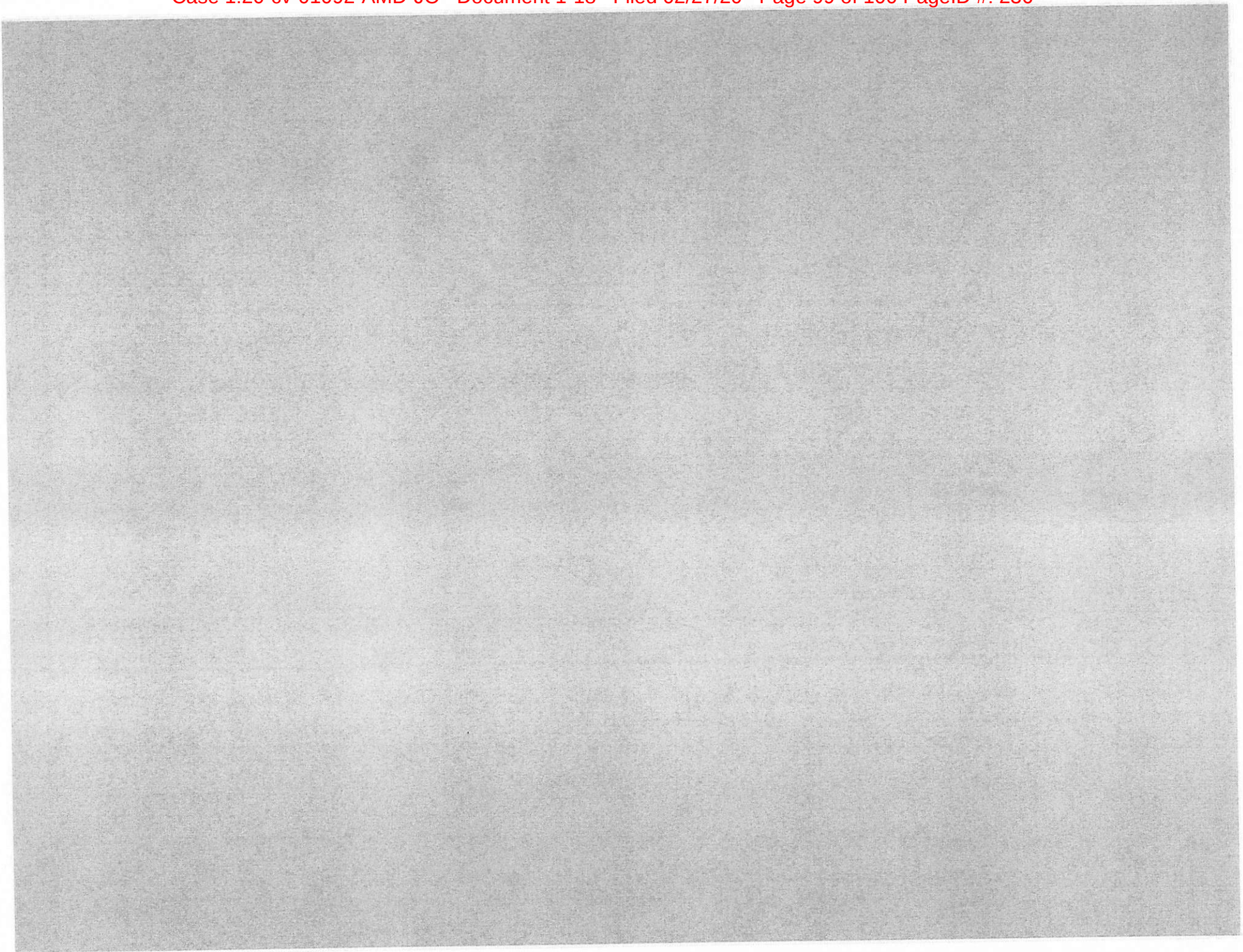
13. Authority to sign on behalf of patient:

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

Shirley Brown
 Signature of patient or representative authorized by law.

Date: 1/27/20

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INDEX NO. 700005
Year: 2019
SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF QUEENS

SHIRLEY BROWN,

Plaintiff,

-against-

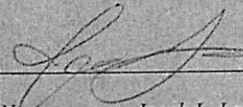
AMERICAN AIRLINES GROUP INC.
and JANE DOE,

Defendants.

PLAINTIFF'S RESPONSE TO COMBINED DEMANDS

Pursuant to 22 NYCRR 130-1.1, the undersigned, an attorney duly admitted to practice law in the State of New York, certifies that, upon information and belief based upon reasonable inquiry, the contentions contained in the annexed document are not frivolous.

Dated: January 24, 2020

Signature: 

Print Signer's Name: Jacob L. Levine

Service of a copy of the within

] is hereby admitted.

Dated:

.....
Attorney(s) for

LERNER, ARNOLD & WINSTON, LLP
475 Park Avenue South, 28th Floor
New York, New York 10016
(212) 686-4655